

Exhibit 87

NTP TECHNICAL REPORT
ON THE
TOXICOLOGY AND CARCINOGENESIS
STUDIES OF TALC
(CAS NO. 14807-96-6)
IN F344/N RATS AND B6C3F₁ MICE
(INHALATION STUDIES)

Scheduled Peer Review Date: June 23-24, 1992

NOTICE

This is a DRAFT Technical Report prepared for public review and comment. Until this DRAFT has been reviewed and approved by the NTP Board of Scientific Counselors' Technical Reports Review Subcommittee in public session, the interpretations described herein do not represent the official scientific position of the National Toxicology Program. Following peer review, readers should contact NTP for the final version of this Technical Report.

NTP TR 421

NIH Publication No. 92-3152

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

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CONTENTS

ABSTRACT	5
EXPLANATION OF LEVELS OF EVIDENCE OF CARCINOGENIC ACTIVITY	9
TECHNICAL REPORTS REVIEW SUBCOMMITTEE	10
SUMMARY OF TECHNICAL REPORTS REVIEW SUBCOMMITTEE COMMENTS	11
INTRODUCTION	13
MATERIALS AND METHODS	19
RESULTS	25
DISCUSSION AND CONCLUSIONS	49
REFERENCES	57
APPENDIX A Summary of Lesions in Male Rats in the Lifetime Inhalation Study of Talc	A-1
APPENDIX B Summary of Lesions in Female Rats in the Lifetime Inhalation Study of Talc	B-1
APPENDIX C Summary of Lesions in Male Mice in the 2-Year Inhalation Study of Talc	C-1
APPENDIX D Summary of Lesions in Female Mice in the 2-Year Inhalation Study of Talc	D-1
APPENDIX E Organ Weights and Organ-Weight-to-Body-Weight Ratios	E-1
APPENDIX F Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats	F-1
APPENDIX G Lung Burden and Lung Biochemistry in Mice	G-1
APPENDIX H Chemical Characterization, Analysis, and Generation of Chamber Concentrations	H-1
APPENDIX I Ingredients, Nutrient Composition, and Contaminant Levels in NIH-07 Rat and Mouse Ration	I-1
APPENDIX J Sentinel Animal Program	J-1
APPENDIX K 4-Week Repeated Inhalation Studies in Rats and Mice	K-1

4

Talc, NTP TR 421

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JNJ 000008948

ABSTRACT

TALC (Non-Asbestiform)

CAS No. 14807-96-6

Molecular Formula: $Mg_3Si_4O_{10}(OH)_2$ Molecular Weight: 379.26

Synonyms: Talcum; Agalite; Emul 596; non-asbestiform talc; non-fibrous talc; Steatite; hydrous magnesium silicate.

Talc ore may contain several other minerals including calcite, dolomite, magnesite, tremolite, anthophyllite, antigorite, quartz, pyrophyllite, micas, or chlorites. Since talc products are sold in a multitude of grades which have physical or functional characteristics especially suited for particular applications, occupational and consumer exposures to talc are complex. Recently, epidemiology studies have revealed an association between non-fibrous talc and lung cancer risk. Talc was nominated by NIOSH for study by the NTP because of widespread human exposure and because of the lack of adequate information on its chronic toxicity and potential carcinogenicity. Toxicology and carcinogenicity studies of talc (non-asbestiform, cosmetic grade), a finely powdered hydrous magnesium silicate, were conducted by exposing groups of F344/N rats to aerosols for 6 hours daily, 5 days per week for up to 113 weeks for males and 122 weeks for females. Groups of B6C3F₁ mice were exposed similarly for up to 103 or 104 weeks.

LIFETIME STUDY IN RATS

Groups of 50 male and 49 or 50 female rats were exposed to aerosols containing 0, 6, or 18 mg/m³ talc until mortality in any exposure group reached 80% (113 weeks for males and 122 weeks for females). In a special study, additional groups of 22 male and 22 female rats were similarly exposed and examined for interim pathology evaluations or pulmonary function tests after 6, 11, 18, and 24 months and lung biochemistry and cytology studies after 24 months. The talc aerosols had a median mass aerodynamic diameter of 2.7 μ m in the 6 mg/m³ chamber and a median diameter of 3.2 μ m in the 18 mg/m³ chamber with geometric standard deviations of 1.9 μ m. However, there was a 7-week period beginning at study week 11 during which the

chamber concentration for the 18 mg/m³ rats varied from approximately 30 to 40 mg/m³ because of difficulties with the aerosol concentration monitoring system. Further, there was a 12-week period beginning at approximately week 70 during which there were difficulties in generating the talc aerosol, and the chamber concentrations for rats and mice were substantially lower than the target concentrations.

Survival, Body Weights, and Clinical Findings

The survival of male and female rats exposed to talc was similar to that of the controls. Mean body weights of rats exposed to 18 mg/m³ were slightly lower than those of controls after week 65. No clinical findings were attributed to talc exposure.

Pathology Findings

Absolute and relative lung weights of male rats exposed to 18 mg/m³ were significantly greater than those of controls at the 6-, 11-, and 18-month interim evaluations and at the end of the lifetime study, while those of female rats exposed to 18 mg/m³ were significantly greater at the 11-, 18-, and 24-month interim evaluations and at the end of the lifetime study. Inhalation exposure of rats to talc produced a spectrum of inflammatory, reparative, and proliferative processes in the lungs. Granulomatous inflammation occurred in nearly all exposed rats and the severity increased with exposure duration and concentration. Hyperplasia of the alveolar epithelium and interstitial fibrosis occurred in or near foci of inflammation in many exposed rats, while squamous metaplasia of the alveolar epithelium and squamous cysts were also occasionally seen. Accumulations of macrophages (histiocytes), most containing talc particles, were found in the peribronchial lymphoid tissue of the lung and in the bronchial and mediastinal lymph nodes. In female rats, the incidences of alveolar/bronchiolar

adenoma, carcinoma, and adenoma or carcinoma (combined) in the 18 mg/m³ group were significantly greater than those of controls. The incidences of pulmonary neoplasms in exposed groups of male rats were similar to those in controls.

Minor alterations attributed to talc exposure were also seen in the upper respiratory tract. Hyperplasia of the respiratory epithelium of the nasal mucosa in males and accumulation of cytoplasmic, eosinophilic droplets in the nasal mucosal epithelium in male and female rats occurred with a concentration-related increased incidence in the exposed groups.

Adrenal medulla pheochromocytomas (benign, malignant, or complex combined) occurred with a significant positive trend in male and female rats, and the incidences in the 18 mg/m³ groups were significantly greater than those of controls. Although adrenal medulla hyperplasia occurred with similar frequency among exposed and control females, the incidences of hyperplasia in exposed males were significantly lower than in controls.

Lung Talc Burden

Lung talc burdens of male and female rats exposed to 6 mg/m³ were similar and increased progressively from 6 to 24 months. Lung talc burdens of females exposed to 18 mg/m³ also increased progressively from 6 to 24 months, while those of males exposed to 18 mg/m³ remained about the same after 18 months. Lung burdens were generally proportional to exposure concentration at each interim evaluation.

Pulmonary Function, Bronchoalveolar Lavage, and Lung Biochemistry

In exposed male and female rats there was a concentration-related impairment of respiratory function which increased in severity with increasing exposure duration. The impairment was characterized by reductions in lung volume (total lung capacity, vital capacity, and forced vital capacity), lung compliance, gas exchange efficiency (carbon monoxide diffusing capacity), and nonuniform intrapulmonary gas distribution.

After 24 months, rats exposed to talc had significant increases in total protein, β -glucuronidase, lactate dehydrogenase, alkaline phosphatase, and polymorphonuclear leukocytes in bronchoalveolar lavage fluid. Viability and phagocytic activity of macrophages recovered from lavage fluid were not affected by talc exposure.

Total lung collagen was significantly increased in rats at both exposure concentrations after 24 months, while collagenous peptides in lavage fluid and percent newly synthesized protein from females, but not males, were also significantly increased at the 6 or 18 mg/m³ levels. In addition, lung proteinase activity, primarily cathepsin D-like activity, was significantly greater in exposed males and females. Rats exposed to talc also had significant increases in collagenous peptides and acid proteinase in lung homogenates.

2-YEAR STUDY IN MICE

Groups of 47 to 49 male and 48 to 50 female mice were exposed to aerosols containing 0, 6, or 18 mg/m³ talc for up to 103 or 104 weeks. In a special study, additional groups of 39 or 40 male and 40 female mice similarly exposed were examined for interim pathology evaluations, lung biochemistry, and cytology studies after 6, 12, and 18 months of exposure. The talc aerosols had a median mass aerodynamic diameter of 3.3 μ m with a geometric standard deviation of 1.9 μ m in the 6 mg/m³ chamber, and a median diameter of 3.6 μ m with a geometric standard deviation of 2.0 μ m in the 18 mg/m³ chamber.

Survival, Body Weights, and Clinical Findings

Final mean body weights and survival of male and female mice exposed to talc were similar to those of the controls. There were no clinical findings attributed to talc exposure.

Pathology Findings

Inhalation exposure of mice to talc was associated with chronic active inflammation and the accumulation of macrophages in the lung. In contrast to rats, hyperplasia of the alveolar epithelium, squamous metaplasia, or interstitial fibrosis were not associated with the inflammatory response in mice, and the incidences of pulmonary neoplasms in exposed and control groups of mice were similar. Accumulations of macrophages (histiocytes) containing talc particles were also present in the bronchial lymph node.

In the upper respiratory tract, cytoplasmic alteration, consisting of the accumulation of cytoplasmic eosinophilic droplets in the nasal mucosal epithelium, occurred with a concentration-related increased incidence in exposed male and female mice.

Talc, NTP TR 421

7

Lung Talc Burden

Lung talc burdens of mice exposed to 6 mg/m³ were similar between males and females and increased progressively from 6 to 24 months, except for males at 18 months. The lung talc burdens of mice exposed to 18 mg/m³ were also similar between the sexes at each interim evaluation. Although the talc burdens of males and females increased substantially from 6 to 24 months, the values at 12 and 18 months were similar. Generally, lung burdens of mice exposed to 18 mg/m³ were disproportionately greater than those of mice exposed to 6 mg/m³, suggesting that clearance of talc from the lung was impaired, or impaired to a greater extent, in mice exposed to 18 mg/m³ than in mice exposed to 6 mg/m³.

Bronchoalveolar Lavage and Lung Biochemistry

Increases in total protein, β -glucuronidase, lactate dehydrogenase, and glutathione reductase, total nucleated cells, and polymorphonuclear leukocytes in bronchoalveolar lavage fluid were observed primarily in mice exposed to 18 mg/m³, although some parameters were also increased in mice exposed to 6 mg/m³.

The amount of collagenous peptides in lavage fluid and total lung collagen were increased in male and female mice exposed to 18 mg/m³. Acid proteinase activity, principally cathepsin D-like activity, of lung homogenate supernatant fluid was also significantly

increased in mice at the 18 mg/m³ exposure concentration.

CONCLUSIONS

Under the conditions of these inhalation studies, there was *some evidence of carcinogenic activity** of talc in male F344/N rats based on an increased incidence of benign and malignant pheochromocytomas of the adrenal gland. There was *clear evidence of carcinogenic activity* of talc in female F344/N rats based on increased incidences of alveolar/bronchiolar adenomas and carcinomas of the lung and benign and malignant pheochromocytomas of the adrenal gland. There was *no evidence of carcinogenic activity* of talc in male or female B6C3F₁ mice exposed to 6 or 18 mg/m³.

The principal toxic lesions associated with inhalation exposure to talc in rats included chronic granulomatous inflammation, alveolar epithelial hyperplasia, squamous metaplasia and squamous cysts, and interstitial fibrosis of the lung. These lesions were accompanied by impaired pulmonary function characterized primarily by reduced lung volumes, reduced dynamic and/or quasistatic lung compliance, reduced gas exchange efficiency, and nonuniform intrapulmonary gas distribution. In mice, inhalation exposure to talc produced chronic inflammation of the lung with the accumulation of alveolar macrophages.

* Explanation of Levels of Evidence of Carcinogenic Activity is on page 9.

Summary of the Lifetime and 2-Year Carcinogenicity Studies of Talc

	Male F344/N Rats	Female F344/N Rats	Male B6C3F ₁ Mice	Female B6C3F ₁ Mice
Exposure levels	0, 6, or 18 mg/m ³	0, 6, or 18 mg/m ³	0, 6, or 18 mg/m ³	0, 6, or 18 mg/m ³
Body weights	High-dose group slightly lower than controls	High-dose group slightly lower than controls	Exposed groups similar to controls	Exposed groups similar to controls
Survival rates	9/50, 14/50, 16/50	11/50, 13/49, 9/50	30/47, 28/48, 32/49	30/49, 23/48, 25/50
Neoplastic effects	Adrenal medulla: benign or malignant pheochromocytoma (26/49, 32/48, 37/47)	Lung: alveolar/bronchiolar adenoma (1/50, 0/48, 9/50); alveolar/bronchiolar carcinoma (0/50, 0/48, 5/50); alveolar/bronchiolar adenoma or carcinoma (1/50, 0/48, 13/50) Adrenal medulla: benign or malignant pheochromocytoma (13/48, 14/47, 23/49)	None	None
Nonneoplastic effects	Lung: granulomatous inflammation (2/49, 50/50, 49/50); interstitial fibrosis (1/49, 16/50, 33/50); alveolar epithelial hyperplasia (5/49, 26/50, 38/50); peribronchial hyperplasia (0/49, 12/50, 8/50); cyst (0/49, 0/50, 3/50); alveolar squamous metaplasia (0/49, 0/50, 2/50) Lymph node (bronchial): histiocytic hyperplasia (0/41, 44/48, 46/49); (mediastinal) histiocytic hyperplasia (0/48, 40/49, 43/47) Nose: respiratory epithelial hyperplasia (0/49, 3/48, 14/47); cytoplasmic alteration (3/49, 18/48, 40/47)	Lung: granulomatous inflammation (2/50, 47/48, 50/50); interstitial fibrosis (1/50, 24/48, 44/50); alveolar epithelial hyperplasia (2/50, 27/48, 47/50); peribronchial hyperplasia (0/50, 8/48, 9/50); cyst (0/50, 1/48, 7/50); alveolar squamous metaplasia (0/50, 0/48, 8/50) Lymph node (bronchial): histiocytic hyperplasia (0/46, 40/47, 45/47); (mediastinal) histiocytic hyperplasia (0/47, 33/44, 40/47) Nose: cytoplasmic alteration (5/48, 23/45, 46/48)	Lung: chronic inflammation (0/45, 16/47, 40/48); macrophage hyperplasia (3/45, 46/47, 48/48) Lymph node (bronchial): histiocytic hyperplasia (1/32, 32/39, 42/44) Nose: cytoplasmic alteration (5/45, 23/46, 40/47)	Lung: chronic inflammation (0/46, 25/48, 38/50); macrophage hyperplasia (2/46, 45/48, 43/50) Lymph node (bronchial): histiocytic hyperplasia (0/38, 25/37, 39/43) Nose: cytoplasmic alteration (29/46, 37/46, 40/50)
Level of evidence of carcinogenic activity	Some evidence	Clear evidence	No evidence	No evidence

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Talc, NTP TR 421

9

EXPLANATION OF LEVELS OF EVIDENCE OF CARCINOGENIC ACTIVITY

The National Toxicology Program describes the results of individual experiments on a chemical agent and notes the strength of the evidence for conclusions regarding each study. Negative results, in which the study animals do not have a greater incidence of neoplasia than control animals, do not necessarily mean that a chemical is not a carcinogen, inasmuch as the experiments are conducted under a limited set of conditions. Positive results demonstrate that a chemical is carcinogenic for laboratory animals under the conditions of the study and indicate that exposure to the chemical has the potential for hazard to humans. Other organizations, such as the International Agency for Research on Cancer, assign a strength of evidence for conclusions based on an examination of all available evidence, including animal studies such as those conducted by the NTP, epidemiologic studies, and estimates of exposure. Thus, the actual determination of risk to humans from chemicals found to be carcinogenic in laboratory animals requires a wider analysis that extends beyond the purview of these studies.

Five categories of evidence of carcinogenic activity are used in the Technical Report series to summarize the strength of the evidence observed in each experiment: two categories for positive results (*clear evidence* and *some evidence*); one category for uncertain findings (*equivocal evidence*); one category for no observable effects (*no evidence*); and one category for experiments that cannot be evaluated because of major flaws (*inadequate study*). These categories of interpretative conclusions were first adopted in June 1983 and then revised in March 1986 for use in the Technical Report series to incorporate more specifically the concept of actual weight of evidence of carcinogenic activity. For each separate experiment (male rats, female rats, male mice, female mice), one of the following five categories is selected to describe the findings. These categories refer to the strength of the experimental evidence and not to potency or mechanism.

- **Clear evidence** of carcinogenic activity is demonstrated by studies that are interpreted as showing a dose-related (i) increase of malignant neoplasms, (ii) increase of a combination of malignant and benign neoplasms, or (iii) marked increase of benign neoplasms if there is an indication from this or other studies of the ability of such tumors to progress to malignancy.
- **Some evidence** of carcinogenic activity is demonstrated by studies that are interpreted as showing a chemical-related increased incidence of neoplasms (malignant, benign, or combined) in which the strength of the response is less than that required for clear evidence.
- **Equivocal evidence** of carcinogenic activity is demonstrated by studies that are interpreted as showing a marginal increase of neoplasms that may be chemical related.
- **No evidence** of carcinogenic activity is demonstrated by studies that are interpreted as showing no chemical-related increases in malignant or benign neoplasms.
- **Inadequate study** of carcinogenic activity is demonstrated by studies that, because of major qualitative or quantitative limitations, cannot be interpreted as valid for showing either the presence or absence of carcinogenic activity.

When a conclusion statement for a particular experiment is selected, consideration must be given to key factors that would extend the actual boundary of an individual category of evidence. Such consideration should allow for incorporation of scientific experience and current understanding of long-term carcinogenesis studies in laboratory animals, especially for those evaluations that may be on the borderline between two adjacent levels. These considerations should include:

- adequacy of the experimental design and conduct;
- occurrence of common versus uncommon neoplasia;
- progression (or lack thereof) from benign to malignant neoplasia as well as from preneoplastic to neoplastic lesions;
- some benign neoplasms have the capacity to regress but others (of the same morphologic type) progress. At present, it is impossible to identify the difference. Therefore, where progression is known to be a possibility, the most prudent course is to assume that benign neoplasms of those types have the potential to become malignant;
- combining benign and malignant tumor incidence known or thought to represent stages of progression in the same organ or tissue;
- latency in tumor induction;
- multiplicity in site-specific neoplasia;
- metastases;
- supporting information from proliferative lesions (hyperplasia) in the same site of neoplasia or in other experiments (same lesion in another sex or species);
- presence or absence of dose relationships;
- statistical significance of the observed tumor increase;
- concurrent control tumor incidence as well as the historical control rate and variability for a specific neoplasm;
- survival-adjusted analyses and false positive or false negative concerns;
- structure-activity correlations; and
- in some cases, genetic toxicology.

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NATIONAL TOXICOLOGY PROGRAM BOARD OF SCIENTIFIC COUNSELORS TECHNICAL REPORTS REVIEW SUBCOMMITTEE

The members of the Technical Reports Review Subcommittee who evaluated the draft NTP Technical Report on talc on June 23-24, 1992, are listed below. Subcommittee members serve as independent scientists, not as representatives of any institution, company, or governmental agency. In this capacity, subcommittee members have five major responsibilities in reviewing NTP studies:

- to ascertain that all relevant literature data have been adequately cited and interpreted,
- to determine if the design and conditions of the NTP studies were appropriate,
- to ensure that the Technical Report presents the experimental results and conclusions fully and clearly,
- to judge the significance of the experimental results by scientific criteria, and
- to assess the evaluation of the evidence of carcinogenic activity and other observed toxic responses.

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Talc, NTP TR 421

11

SUMMARY OF TECHNICAL REPORTS REVIEW SUBCOMMITTEE COMMENTS

NOTE: A summary of the Technical Reports Review Subcommittee's remarks will appear in a future draft of this report.

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12

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INTRODUCTION

TALC (Non-Asbestiform)

CAS No. 14807-96-6

Molecular Formula: $Mg_3Si_4O_{10}(OH)_2$ Molecular Weight: 379.26

Synonyms: Talcum; Agalite; Emtal 596; non-asbestiform talc; non-fibrous talc; Steatite; hydrous magnesium silicate

CHEMICAL AND PHYSICAL PROPERTIES

Talc is a fine powder, white to grayish white in color, with a greasy feel and luster. It is insoluble in water, cold acids, and alkalis (*Merck Index*, 1983), has a density of 2.7 to 2.8, and a melting point of 900° to 1,000° C (Hawley, 1977). Talc as a pure mineral is composed of 63.5% SiO_2 , 31.7% MgO, and 4.8% H_2O (Pooley and Rowlands, 1977).

PRODUCTION, USE, AND HUMAN EXPOSURE

Talc is produced by open pit or underground mining of talc rocks and processed by crushing, drying, and milling. Contaminating minerals including iron, nickel, manganese, chromium, aluminum, and titanium are separated from talc by flotation or elutriation. Talc is then finely powdered, treated with boiling diluted hydrochloric acid, washed well, and dried (Osol, 1980). Geological formation of talc rock results from the alteration of magnesia- and silica-rich ultramafic rocks under a range of temperatures and pressures. These hydrothermal alterations may lead to the formation of other mineral phases such as tremolite and serpentine minerals, including chrysotile. These mineral phases may occur as microscopic intergrowths, nodules, or discrete zones within or adjacent to talc (Rohl *et al.*, 1976).

United States production of talc for 1985 was estimated at 1.1 million metric tons, with industrial pattern of use as follows: ceramics, 37%; paints, 19%; paper, 10%; roofing, 10%; plastics, 7%, cosmetics, 5%; rubber, 3%; insecticides, 1%; and other uses, 9% (Bureau of Mines, 1986). Commercial talc is categorized into cosmetic grade, which is free of asbestos, and industrial grade, which contains

other minerals including asbestos (Hildick-Smith, 1976).

A comprehensive review of the literature before 1987 on the use, exposure, and biological effects of talc was published by IARC (1987). Talc is used as a dusting powder, including baby powder, either alone or with starch or boric acid, for medicinal or toiletry preparations; as an excipient and filler for pills and tablets; and for dusting tablet molds (*Merck Index*, 1983). It is also used as a filler and pigment for paints, putty, and plaster; as a carrier and diluent for pesticides; as an additive to clay in ceramic manufacture; in paper coatings; and for the manufacture of rubber and roofing materials (Hawley, 1977). The recommended time-weighted average (TWA) human exposure level for talc containing no asbestos fibers is 2 mg/m³ (ACGIH, 1989).

A large segment of the population is potentially exposed to talc. The number of workers exposed to talc was estimated at 1,371,201, which includes 349,228 females (NIOSH, 1990). In addition, the public is potentially exposed to talc through its many uses in pharmaceuticals and consumer products. Based on its uses, human exposure to talc can occur via inhalation, ingestion, or dermal exposure.

ABSORPTION, DISTRIBUTION, AND EXCRETION

Experimental Animals

The absorption and disposition of ³H-labeled talc in rats, mice, and guinea pigs administered a single oral dose, as well as its translocation in rabbits administered a single or multiple intravaginal dose was studied by Phillips *et al.* (1978). The oral doses

were 50 mg/kg for rats, 40 mg/kg for mice, and 25 mg/kg for guinea pigs. Rabbits were given either a single intravaginal dose of 50 mg/kg or the same dose once a day for 6 days. In rats, mice, and guinea pigs, more than 95% of the dose was excreted in the feces 3 to 4 days after dosing. Less than 2% of the radioactivity was recovered in the urine. This radioactivity probably reflected contamination of urine samples with feces. No radioactivity was found in the liver or kidneys of these animals. No translocation of talc was found in the ovaries of rabbits.

Hanson *et al.* (1985) and Pickrell *et al.* (1989) studied the lung burden in groups of 5 male and 5 female F344/N rats and B6C3F₁ mice following inhalation exposure to concentrations of talc for 6 hours daily, 5 days per week, for 4 weeks. The mean exposure concentrations used were 2.3, 4.3, or 17 mg/m³ for rats and 2.2, 5.7, or 20.6 mg/m³ for mice. The resulting lung talc burdens were 0.08, 0.19, and 0.87 mg/g of lung for rats and 0.1, 0.33, and 1.2 mg/g of lung for mice. These data clearly indicate that the amount of talc retained per unit of lung tissue was proportional to the exposure concentration of talc.

Pulmonary deposition, translocation, and clearance of neutron-activated talc was studied in hamsters after a single, 2-hour, nose-only inhalation exposure (Wehner *et al.*, 1977a,b). Deposition of talc in the lung was demonstrated by X-ray fluorescence and X-ray diffraction. An estimated 6% to 8% of the inhaled quantity was deposited in the alveoli. The biological half-life of the talc deposited in the alveoli was estimated at 7 to 10 days. No translocation of talc to liver, kidneys, ovaries, or other parts of the body was found.

Humans

Talc, a filler in some drugs injected by addicts, was found in the lung (Groth *et al.*, 1972; Lamb and Roberts, 1972; Farber *et al.*, 1981; Crouch and Churg, 1983), spleen, kidney, liver, brain, adrenal gland, thyroid gland (Groth *et al.*, 1972), and retina (Atlee, 1972) of some addicts. In the lung, most of the talc particles were seen within the vessels of the alveolar walls and were often associated with marked foreign body granulomas (Crouch and Churg, 1983).

TOXICITY

Experimental Animals

The LD₅₀ for talc has not been established. Talc caused death in guinea pigs given 2 or 3 injections of 25 mg talc in saline (Dogra *et al.*, 1977) and in rats receiving a splenic injection of 1,400 mg/kg body weight (Eger and DaCanalis, 1964). Deaths occurred in rats exposed to a very dense atmosphere of talc (particle size <5 µm) 3 hours a day, for 12 days (Policard, 1940). The concentration of talc in the atmosphere was not known and the observed mortality may have been due to suffocation.

Wagner *et al.* (1977) reported on the toxic effects of talc in rats exposed orally or by inhalation. No significant decrease in mean life span and no pathologic effects were found in rats fed 100 mg talc for 101 days. Rats exposed to talc atmospheres of 10.8 mg/m³ (particle size, 25 µm) for 3 months showed minimal lung fibrosis, and no change in severity occurred during the postexposure period. By contrast, rats exposed to the same atmospheres for 1 year showed minimal to slight fibrosis, and the severity had increased to moderate within a year after cessation of exposure. Rats exposed to atmospheres of 30 to 383 mg/m³ "industrial" or "pharmaceutical" talc for 9 months developed chronic inflammatory changes, including thickening of the pulmonary artery walls and emphysema (Bethege-Iwanska, 1971). Hamsters exposed to respirable aerosols containing 8 mg/m³ of cosmetic grade talc for 150 minutes a day, 5 days per week, for 300 days showed no histopathologic changes in the lung, heart, liver, renal tissue, or uterus (Wehner, 1980).

Rats given a single intratracheal injection of 50 mg of pure talc in water did not show lung fibrosis or lymph node abnormalities. Those given the same dose of "calcined" talc developed lung and lymph node fibrosis (Luchtrath and Schmidt, 1959). These differing results may be related to differences in the crystal structures of "pure" and "calcined" talc. Bronchiolar inflammation occurred in rats 4 days after an intratracheal injection of 25 mg of talc (containing tremolite) in water; collagenous tissue developed within a few months after injection (Gross *et al.*, 1970).

Introduction

15

Injection of 10 mg of talc containing some asbestos into the pleural cavity of mice produced granulomas (Davis, 1972). A single injection of 20 mg of talc into the right pleural cavity of rats produced granulomas at the injection site; one lung adenoma was also observed but no other changes related to talc administration were observed in the lung (Wagner *et al.*, 1977). Rats with abdominal muscle implants of suture materials dusted with talc or talc pellets initially showed mild to moderate acute inflammation, followed by chronic inflammation and granuloma formation within 3 days (Sheikh *et al.*, 1984).

Rats with subcutaneous inflammation caused by talc had a decrease in bone formation as evidenced by hypozincemia and a decrease in metaphyseal trabecular surfaces. Both hypozincemia and the decrease in osteoblast trabecular surfaces were directly proportional to the number of granulomas present (Marusic *et al.*, 1990).

Talc produced retinopathy in adult Rhesus monkeys given intravenous injections of talc once every 2 weeks for 3.5 to 10 months. Talc particles were found lodged in the precapillary arterioles and capillaries, producing a focal occlusion of retinal and choroidal capillaries (Kaga *et al.*, 1982a,b).

Humans

Exposure to industrial grade talc dust causes pulmonary fibrosis, however, reports on cosmetic grade talc dust are conflicting. Hildick-Smith (1976) reported that cosmetic grade talc did not appear to be injurious to health, while Vallyathan and Craighead (1981) reported that it was. Four of seven workers exposed to heavy concentrations (0.4 to 36 mg/m³) of cosmetic grade talc for 4 to 27 years had histologic evidence of pulmonary fibrosis at death (Thariault *et al.*, 1974). Wells *et al.* (1979) also noted chronic pulmonary degenerative disease in a housewife who reported heavy use of cosmetic talc. Inhalation of pure talc is known to result in a disease known as talcosis, which may include acute or chronic bronchitis and interstitial inflammation. Radiographically, the lesion appears as a small, irregular nodule, typical of a small-airway obstruction. Intravenous administration of talc-containing oral medications by abusers causes vascular granulomas (Feigin, 1986). Intravenous talcosis was diagnosed in a 36-year-old woman who was a drug abuser (Hill *et al.*, 1990). Talcosis in this patient was identified by the presence of peripheral nodular lesions on chest X-rays and was confirmed by the presence of birefringent particles

in a transbronchial biopsy. Pulmonary talc granulomatosis was diagnosed in a cocaine sniffer (Oubeid *et al.*, 1990). Chest X-rays of a heroin addict who later died of respiratory failure showed a progressive massive fibrosis of the lung secondary to intravenous injection of the drug (Crouch and Churg, 1983). Microscopic examination of lung lesions revealed an active granulomatous reaction with associated vascular obliteration. Throughout the lesion, refractile birefringent plates of particulate material were noted. Interstitial perivascular and vascular granulomas were noted in the periphery of the lung. The particulate material was identified as talc by X-ray spectroscopy and diffraction methods. Intravenous injection of talc-containing drugs intended for oral use was the cause of pulmonary granulomatosis and pulmonary hypertension in 19 patients (Arnett *et al.*, 1976). In patients with pulmonary hypertension, talc granuloma was found in the pulmonary arteries. In patients without hypertension, talc granuloma was found in the pulmonary interstitium. Patients suffering from talc granulomatosis (confirmed by lung biopsy) as a result of intravenous injection of crushed tablets of pentazocine, had dyspnea, increased angiotensin-converting enzyme concentrations, and increased lymphocytes by bronchoalveolar lavage (Farber *et al.*, 1982). Pneumoconiosis (talcosilicosis) was diagnosed in a 54-year-old female confectionery worker who was exposed to talc dust for 5 years (Canessa *et al.*, 1990). Talc, given by intrapleural instillation to promote pleural symphysis in the palliation of recurrent malignant pleural effusions, caused adult respiratory distress syndrome (ARDS) in three patients (Rinaldo *et al.*, 1983). Symptoms of ARDS included fever, dyspnea, and respiratory failure. ARDS occurred in a 16-month-old baby inhaling baby powder. Normal pulmonary function returned in this patient after 6 years, as determined by a follow-up study (Reyes and Brown, 1989).

CARCINOGENICITY

Experimental Animals

Results of carcinogenicity studies of talc in animals were reviewed by the IARC (1987). The following is an excerpt of this review:

No significant difference in tumor incidence was observed between two groups of Wistar rats (25 animals/sex/group, 10 weeks old) given an equivalent of 50 mg/kg per day of commercial talc (composition not specified) in the diet or the basal diet for life (Gibel *et al.*, 1976). Similar results were obtained in groups of 16 male and 16 female

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Wistar rats (21 to 26 weeks old) given 100 mg of Italian talc (particle size, 25 mm; containing 92% talc, 3% chlorite, 1% carbonate minerals, and 0.5 to 1% quartz) per rat per day in the diet or the basal diet for 5 months and observed for life (Wagner *et al.*, 1977). In both studies small numbers of animals were used.

Groups of 24 male and female Wistar rats, 6 to 8 weeks of age, were exposed by inhalation to 10.8 mg/m³ Italian talc aerosol 7.5 hours a day, 5 days per week, for 6 or 12 months. Ten days after the end of each exposure period, 6 rats in each group were killed; an additional 4 rats were killed one year later. Within 28 months from the beginning of the study, 12 animals in each group had died. No lung tumors were observed in rats exposed to talc for 6 months; one lung adenoma occurred among rats exposed for 12 months. No lung tumors were found in the control rats (Wagner *et al.*, 1977). The adequacy of this study is in question because only a small number of rats survived longer than 12 months.

Three groups of 50 male and female hamsters, 4 weeks of age were exposed to talc aerosol (37.1 mg/m³, mean respirable fraction 9.8 mg/m³) for 3, 30, or 150 minutes per day, 5 days a week, for 30 days. Two additional groups of hamsters were exposed to talc aerosol (27.4 mg/m³, mean respirable fraction 8.11 mg/m³) for 30 or 150 minutes per day, for 300 days. Two groups of 25 male and female hamsters were exposed to air and served as controls. No primary tumors were found in the respiratory system of any hamster. Twenty-five percent of the hamsters exposed to the aerosols for 30 or 150 minutes for 300 days had alveolar cell hyperplasia compared to 10% in the controls (Wehner *et al.*, 1977a, 1979). The exposure duration of this study was short and considered inadequate.

No local tumors were found in 50 female R3 mice, 3 to 6 months of age, given a 0.2 mL subcutaneous injection of talc of unspecified composition (80 mg talc in peanut oil) and observed for life (Neukomm and de Trey, 1961).

Forty Swiss albino rats, 6 weeks of age and sex unspecified, received a single intraperitoneal injection of 20 mg commercial talc (unspecified composition) in saline. Sixteen animals died by the end of 6 months. Of the 24 mice that lived to termination (time not specified) three had peritoneal mesotheliomas compared to 3 of 46 of the controls

(Ozesmi *et al.*, 1985). This study was considered inadequate because of poor reporting.

Forty female Wistar rats, 8 to 12 weeks of age, were given four intraperitoneal injections of 25 mg granular talc in 2 mL saline at weekly intervals. Similarly, 80 females were injected with saline and served as controls. The rats were observed until termination or death (average survival time, 602 days). A mesothelioma occurred in 1 of 36 rats given talc but none was found in the controls (Pott *et al.*, 1974, 1976a,b).

No mesothelioma was observed in two groups of 24 male and female Wistar rats given a single intrapleural injection of 20 mg Italian talc in saline or saline alone. A pulmonary adenoma occurred in one rat that died at 25 months. Mean survival time (655 days for the talc group versus 691 for the controls) was not affected (Wagner *et al.*, 1977).

Groups of 30 to 50 female Osborne-Mendel rats, 12 to 20 weeks of age, received intrapleural implantation of one of seven grades of refined commercial talc from separate sources in hardened gelatin. Rats were observed for up to 2 years at which time survivors were killed. Pleural sarcoma incidences were: grade 1, 1/26; grade 2, 1/30; grade 3, 1/29; grade 4, 1/29; grade 5, 0/30; grade 6, 0/30; grade 7, 0/29. The incidence of pleural sarcoma was 3 of 491 in untreated controls, 17 of 615 in controls receiving implants of "nonfibrous" material described by the authors as "noncarcinogenic," and 14 of 29 in rats receiving UICC crocidolite asbestos (Stanton *et al.*, 1981).

The IARC Working Group noted that in most of the talc studies, no or limited characterization of the mineralogy, fiber content, or particle size of the samples was given. Thus, the group concluded that there was inadequate evidence on the carcinogenicity of talc to experimental animals.

Humans

An epidemiological study of pottery workers in the United States revealed an association between exposure to non-fibrous talc and increased mortality and lung cancer incidence (Thomas and Stewart, 1987). Increased incidences of lung cancer occurred exclusively among pottery workers employed in the manufacture of plumbing fixtures. A later study of employees in three ceramic plumbing fixture factories showed increased mortality from benign respiratory disease and from lung cancer. The

Introduction

17

increased incidence in lung cancer was highest among workers who were simultaneously exposed to silica and talc. The lung cancer mortality risk increased with the number of years of exposure to talc, but showed no pattern by the number of years of exposure to silica. Among men exposed to talc, lung cancer risk decreased with age at first exposure to non-fibrous talc and increased with years since first exposure (Thomas, 1990). Whether or not exposure to silica had a promoting effect on lung cancer is not known. No increased risk for lung cancer or benign respiratory disease was found among miners of non-asbestiform talc or talc millers (Wergeland *et al.*, 1990).

A case-control study showed that women who had perineal exposure to deodorizing powders alone or in combination with other talc-containing powders, had a 2.8 times higher risk of developing borderline ovarian tumors than women who were not perineally exposed to powder (Harlow and Weiss, 1989). In an earlier study, the use of talc as a dusting powder on the perineum or on sanitary napkins by women was associated with an increased risk of epithelial ovarian cancer. Women engaged in both practices had a relatively higher risk of developing this type of cancer (Cramer *et al.*, 1982). No information was presented regarding exposure levels or the content of contaminating minerals of the talc used. In another study, the role of exposure to talcum powder, tobacco, alcohol, and coffee, and the histories of tubal sterilization and hysterectomy on ovarian cancer risk was assessed. The study involved 188 women diagnosed with epithelial ovarian cancer and 539 control women. No association was found between the incidence of epithelial ovarian cancer and increasing frequency or duration of talc use, and patients did not differ from control women in the use of talc on sanitary pads, contraceptive diaphragms, or both. (Whittemore *et al.*, 1988).

REPRODUCTIVE AND TERATOGENIC EFFECTS

Experimental Animals

Talc produced nonspecific abnormalities in chicken eggs at incidences similar to those caused by thalidomide and sulphadimethoxine (Yang, 1977).

No teratologic effects were observed in hamsters, rats, mice, or rabbits after oral administration of talc. The doses used were 1,600 mg/kg for rats and mice on days 6 through 15 of gestation, 1,200 mg/kg for hamsters on days 6 through 10 of gestation, and 900 mg/kg for rabbits on days 6 through 18 of gestation (Food and Drug Research Laboratories, 1973).

Humans

No information on the reproductive or teratogenic effects of talc in humans has been reported.

GENETIC TOXICOLOGY

There are no published studies on the genotoxicity of talc. The IARC (1987) review of talc included unpublished results from a 1974 study conducted by Litton Bionetics that showed no mutagenic activity for talc *in vitro* or *in vivo*. Talc did not induce mutations in *Salmonella typhimurium* strains TA1530 or HisG46, or in the yeast, *Saccharomyces cerevisiae*. No chromosomal aberrations were observed in human fibroblasts treated with talc *in vitro*. *In vivo* tests conducted in rats gave negative results for induction of chromosomal aberrations in bone marrow cells and dominant lethal mutations in germinal cells.

STUDY RATIONALE

Talc was nominated by NIOSH in 1978 for testing by NTP because of the paucity of adequate information on its carcinogenicity and because of widespread human exposure. The inhalation route was chosen because it is the most common route for human exposure.

18

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18 of 283

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MATERIALS AND METHODS

PROCUREMENT AND CHARACTERIZATION OF TALC

Talc (MP 10-52 Grade) was obtained from Walsh and Associates (North Kansas City, MO) in two lots (lot numbers W101882 and B5415). The talc purchased was manufactured by the Minerals, Pigments, and Metals Division of Pfizer, Inc. and is one of their microtalc series of products. Both lots were from Pfizer's Barretts, Montana, mine which is a strip mine located between Barretts and Three Brother, Montana. This mine is the only source for the MP 10-52 grade talc. The grade designation is for high purity talc that has a top particle size of 10 μm and according to the manufacturer contains no tremolite or any asbestiform minerals. Lot W101882 was used from the beginning of the 2-year studies through January 1986. Lot B5415 was used in the 2-year studies from 27 January 1986 to the end of the studies on 31 October 1986. The talc was extensively characterized by the analytical chemistry laboratory, Midwest Research Institute (Kansas City, MO), and by McCrone Associates (Norcross, GA). The methods and results of these studies are detailed in Appendix H.

The study mineral, a finely powdered white solid, was identified as talc by infrared spectroscopy, elemental analysis, Karl Fischer water analysis, thermogravimetric analyses, spark source mass spectrometry, automated scanning electron probe analyses, X-ray diffraction, polarized light microscopy, and transmission electron microscopy. Both lots were shown to be asbestos free by polarized light microscopy and transmission electron microscopy. Results of automated scanning electron microprobe analysis of lot W101882 indicated that the sample was virtually free of silica (1 particle of silica in 1,466 particles examined). Bulk chemical stability studies were not conducted due to the physical and chemical properties of talc. During the study the compound was stored in tightly sealed plastic bags at 25° C.

GENERATION AND MONITORING OF CHAMBER CONCENTRATIONS

Talc aerosols were generated in a single fluidized-bed generator (FBG) by injecting compressed air

into the bed (Figure H2). The aerosolized talc particles were then mixed with diluting air before being delivered to the exposure chambers (Hazelton 1000 and 2000, Lab Products, Inc.). A second FBG for the control chamber contained only the stainless steel bed material (Figures H3 and H4).

Aerosol concentrations were monitored each day in each chamber by taking three, 2-hour filter samples. Background concentrations of suspended particles were measured each day in the control chamber by taking a 6-hour filter sample. A RAM-S forward light scattering monitor (GCA, Bedford, MA) was used to determine the stability of the aerosol concentrations and the need to adjust the aerosol generation system during the exposure. Determinations were made at the beginning, middle, and end of each filter sampling period. The overall mean concentrations were 5.9 and 16.7 mg/m^3 for the mouse study and 6.1 and 18.6 mg/m^3 for the rat study. While the overall means were very close to target concentrations, there were problems experienced in maintaining control of chamber concentrations. Weekly mean exposure concentrations for the 2-year studies are presented in Figures H5 through H8.

Chamber Atmosphere Characterization

Uniformity of the aerosol concentrations in each chamber was determined at approximately 3-month intervals with the RAM-S. The spatial variation as estimated by the relative standard deviation (RSD) was higher in the mouse study than the rat study with values ranging from 12% to 44% (RSD) for the mice and 2% to 31% (RSD) for the rats. To minimize the variation in talc concentrations, the animal cages were rotated once each week.

The time to reach 90% of the target concentration (T_{90}) was approximately 10 minutes. Therefore, the length of the exposure was defined at 6 hours plus the T_{90} of 10 minutes.

The aerosol size distribution was determined once each month for each chamber using a cascade impactor. The average mass mean aerodynamic diameter (MMAD) and the geometric standard deviation (σ_g) were calculated to be $3.3 \pm 1.9 \mu\text{m}$ and $3.6 \pm 2.0 \mu\text{m}$ for the 6 and 18 mg/m^3 mouse

chambers. The values were $2.7 \pm 1.9 \mu\text{m}$ and $3.2 \pm 1.9 \mu\text{m}$ for the 6 and 18 mg/m^3 rat chambers. The individual values are presented in Tables H1 and H2.

Study Design

Groups of 50 male and 50 female rats and mice were selected for whole body inhalation to talc at target concentrations of 0 (chamber controls), 6, or 18 mg/m^3 . Rats were exposed for 6 hours daily, 5 days a week until mortality in any exposure group reached 80% (113 weeks for males and 122 weeks for females). Exposure of rats to talc was extended beyond 2 years based on the report that 80% of pulmonary neoplasms induced in rats by inhalation exposure to diesel exhaust occurred after 2 years (Mauderly *et al.*, 1986). Mice were exposed for 103 or 104 weeks. At the conclusion of the exposures, rats were exposed to filtered air for 10 or 11 days, while mice were exposed to filtered air for 10 to 14 days. All animals were subjected to necropsy and a complete pathology evaluation.

Additional special study groups of 22 male and 22 female rats and 40 male and 40 female mice similarly exposed to 0, 6, or 18 mg/m^3 were designated for interim pathology evaluations; lung talc burden measurements; serial pulmonary function measurements (rats only); and lung biochemistry, cytology, and phagocytosis measurements. Rats were evaluated at 6, 11, 18, and 24 months, while mice were evaluated at 6, 12, and 18 months. Insufficient numbers of rats remained alive at week 103 of exposure for both pulmonary function and/or lung biochemistry/cytology and pathology distribution groups, therefore the remaining rats in these groups were combined. The numbers of rats and mice evaluated for pulmonary function and lung biochemistry, cytology, and phagocytosis and the methods used for each of the parameters are presented in Appendix F for rats and Appendix G for mice.

Source and Specification of Animals

Male and female F344/N rats were obtained from Lovelace Inhalation Toxicology Research Institute (Albuquerque, NM). Male and female B6C3F₁ mice were obtained from Frederick Cancer Research Center (Frederick, MD). Rats and mice were held 3 weeks before the studies began. Rats were 6 to 7 weeks old, and mice were 7 weeks old, when the studies began. Animal health was monitored by serologic analyses during the studies under the protocols of the NTP Sentinel Animal Program.

Animal Maintenance

Rats and mice were housed individually throughout the studies. Drinking water was available *ad libitum*. Further details of animal maintenance are given in Table 1.

Clinical Examinations and Pathology

All rats and mice were observed twice daily. Clinical observations and body weights were recorded at the beginning of the studies, weekly for 13 weeks, and monthly thereafter.

A necropsy was performed on all rats in the lifetime core study and all mice in the 2-year core study. Organ weights were recorded for the brain, heart, right kidney, liver, and lungs at the end of the studies. During necropsy, all organs and tissues were examined for grossly visible lesions. A complete histopathologic examination was performed on all animals. Tissues for microscopic examination were fixed in 10% neutral buffered formalin, embedded in paraffin, sectioned to a thickness of 5 μm , and stained with hematoxylin and eosin.

Microscopic evaluations were completed by the study laboratory pathologist and the pathology data were entered into the Toxicology Data Management System (TDMS). The slides, paraffin blocks, and residual wet tissues were sent to the NTP Archives for inventory, slide/block match, and wet tissue audit for accuracy of labeling and animal identification and for thoroughness of tissue trimming. The slides, individual animal data records, and pathology tables were evaluated by an independent quality assessment laboratory. The individual animal records and tables were compared for accuracy, slides and tissue counts were verified, and histotechnique was evaluated. A quality assessment pathologist reviewed lung and bronchial and mediastinal lymph nodes in rats and mice and nose in male mice for accuracy and consistency of lesion diagnosis.

The quality assessment report and slides were submitted to the Pathology Working Group (PWG) chair, who reviewed tissues for which there was a disagreement in diagnosis between the laboratory and quality assessment pathologists. All pulmonary neoplasms in female rats and representative histopathology slides of adrenal gland (rats), bronchial lymph node, lung, mediastinal lymph node (rats), and nose, or lesions of general interest were presented by the chair to the PWG for review. The PWG included the quality assessment pathologist as

well as other pathologists experienced in rodent toxicologic pathology who examined these tissues without knowledge of dose group or previously rendered diagnoses. When the consensus diagnosis of the PWG differed from that of the laboratory pathologist, the final diagnosis was changed to reflect the opinion of the PWG. Details of these review procedures have been described, in part, by Maronpot and Boorman (1982) and Boorman *et al.* (1985). For subsequent analysis of pathology data, the diagnosed lesions for each tissue type were evaluated separately or combined according to the guidelines of McConnell *et al.* (1986).

Statistical Methods

Survival Analyses

The probability of survival was estimated by the product-limit procedure of Kaplan and Meier (1958) and is presented in the Results section of this report. Animals were censored from the survival analyses at the time they were found dead from other than natural causes or were found to be missing; animals dying from natural causes were not censored. Statistical analyses for possible dose-related effects on survival used Cox's (1972) method for testing two groups for equality and Tarone's (1975) life table tests to identify dose-related trends. All reported P values for the survival analysis are two sided.

Calculation of Incidence

The incidences of neoplasms or nonneoplastic lesions presented in Tables A1, A4, B1, B4, C1, C4, D1, and D4 are given as the ratio of the number of animals bearing such lesions at a specific anatomic site to the number of animals with that site examined microscopically. For calculation of statistical significance, the incidences of all nonneoplastic lesions and most neoplasms (Tables A2, B2, C2, and D2) are also given as the ratio of the number of affected animals to the number of animals with the site examined microscopically. However, when macroscopic examination was required to detect neoplasms in certain tissues (e.g., skin, intestine, hardyrian gland, and mammary gland) before microscopic evaluation, or when neoplasms had multiple potential sites of occurrence (e.g., leukemia or lymphoma), the denominators consist of the number of animals on which a necropsy was performed.

Analysis of Neoplasm Incidences

The majority of tumors in these studies were considered to be incidental to the cause of death or not rapidly lethal. Thus, the primary statistical method used was logistic regression analysis, which assumed

that the diagnosed tumors were discovered as the result of death from an unrelated cause and thus did not affect the risk of death. In this approach, tumor prevalence was modeled as a logistic function of chemical exposure and time. Both linear and quadratic terms in time were incorporated initially, and the quadratic term was eliminated if it did not significantly enhance the fit of the model. The dosed and control groups were compared on the basis of the likelihood score test for the regression coefficient of dose. This method of adjusting for intercurrent mortality is the prevalence analysis of Dinse and Lagakos (1983), further described and illustrated by Dinse and Haseman (1986). When tumors are incidental, this comparison of the time-specific tumor prevalences also provides a comparison of the time-specific tumor incidences (McKnight and Crowley, 1984).

In addition to logistic regression, alternative methods of statistical analysis were used, and the results of these tests are summarized in the appendices. These include the life table test (Cox, 1972; Tarone, 1975), appropriate for rapidly lethal tumors, and the Fisher exact test and the Cochran-Armitage trend test (Armitage, 1971; Gart *et al.*, 1979), procedures based on the overall proportion of tumor-bearing animals.

Tests of significance include pairwise comparisons of each dosed group with controls and a test for an overall dose-response trend. Continuity-corrected tests were used in the analysis of tumor incidence, and reported P values are one sided. The procedures described above also were used to evaluate selected nonneoplastic lesions. For further discussion of these statistical methods, see Haseman (1984).

Analysis on Nonneoplastic Lesion Incidences

Because all nonneoplastic lesions in this study were considered to be incidental to the cause of death or not rapidly lethal, the primary statistical analysis used was a logistic regression analysis in which lesion prevalence was modeled as a logistic function of chemical exposure and time. For lesions detected at the interim evaluation, the Fisher exact test was used, a procedure based on the overall proportion of affected animals.

Analysis of Continuous Variables

Two approaches were employed to assess the significance of pairwise comparisons between dosed and control groups in the analysis of continuous variables. Organ and body weight data that had

approximately normal distributions were analyzed using the parametric multiple comparison procedures of Williams (1971, 1972) and Dunnett (1955). Lung burden parameters that had skewed distributions were analyzed using the nonparametric multiple comparison methods of Shirley (1977) and Dunn (1964). Jonckheere's test (Jonckheere, 1954) was used to assess the significance of the dose-response trends and to determine whether a trend-sensitive test (Williams' or Shirley's test) was more appropriate for pairwise comparisons than a test that does not assume a monotonic dose-response trend (Dunnett's or Dunn's test).

Quality Assurance Methods

The lifetime and 2-year studies were conducted in compliance with Food and Drug Administration Good Laboratory Practice Regulations (21 CFR, Part 58). In addition, as study records were submitted to the NTP Archives, they were audited by an independent quality assurance contractor. Separate audits covering completeness and accuracy of the pathology data, pathology specimens, final pathology tables, and preliminary review draft of this NTP Technical Report were conducted. Audit procedures are presented in the reports, which are on file at the NIEHS. The audit findings were reviewed and assessed by the NTP staff so that all discrepancies had been resolved or were otherwise addressed during the preparation of this Technical Report.

Materials and Methods

23

TABLE 1
Experimental Design and Materials and Methods in the Lifetime and 2-Year Inhalation Studies of Talc

Study Laboratory Lovelace Inhalation Toxicology Research Institute (Albuquerque, NM)
Strain and Species Rats: F344/N Mice: B6C3F ₁
Animal Source Rats: Lovelace Inhalation Toxicology Research Institute (Albuquerque, NM) Mice: Frederick Cancer Research Center (Frederick, MD)
Time Held Before Studies 3 weeks
Average Age When Placed on Studies 6-7 weeks
Date of First Exposure Rats: 2 July 1984 Mice: 4 June 1984
Duration of Exposure Rats: 6 hours/day, 5 days/week for 113 weeks (males) and 122 weeks (females) Mice: 6 hours/day, 5 days/week for 103-104 weeks
Date of Last Exposure Rats: 29 August 1986 (males) and 31 October 1986 (females) Mice: 30 May 1986
Average Age When Killed Rats: 120-121 weeks (males) and 129-130 weeks (females) Mice: 110-112 weeks
Method of Sacrifice Injection of T-61 solution for all rats in the lifetime study, all rats designated for pathologic evaluation, and all mice. Halothane anesthesia for all rats designated for biochemical interim evaluations.
Necropsy Dates Rats: 8-9 September 1986 (males) and 10-11 November 1986 (females) Mice: 9-13 June 1986 (males) and 2-6 June 1986 (females)
Size of Study Groups 50 males and 50 females
Method of Animal Distribution Assigned to groups by weight and sex using computer-generated random numbers.
Animals per Cage 1
Method of Animal Identification Toe clip and ear tag
Diet NIH-07 Rat and Mouse Ration (Zeigler Bros., Gardner, PA) available <i>ad libitum</i> during nonexposure periods
Maximum Storage Time for Feed 90 days

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TABLE 1
Experimental Design and Materials and Methods in the Lifetime and 2-Year Inhalation Studies of Talc
(continued)

Water

Automatic Watering System (Edstrom), available *ad libitum*

Cages

Stainless steel mesh cages (Hazleton, Aberdeen, MD)

Chambers

Rats: Stainless steel multitiered whole-body exposure chambers (H2000, Hazleton Systems, Aberdeen, MD), washed once weekly

Mice: Stainless steel multitiered whole-body exposure chambers (H1000, Hazleton Systems, Aberdeen, MD), washed once weekly

Bedding

Untreated paper cage board (Shepherd Specialties Paper, Inc., Kalamazoo, MI), changed twice a day

Filters

Room Air and Chamber Air High Efficiency Particulate Air (HEPA) Filter (prefilter and exit filter), MIL Spec MIL-F-51068C (Flanders, Washington, DC)

Animal Room Environment

Rats

Average temperature: 24° C

Relative humidity: 9%-100%

Fluorescent light: 12 hours/day

Room air changes: minimum of 10 changes/hour

Mice

Average temperature: 24° C

Relative humidity: 10%-100%

Fluorescent light: 12 hours/day

Room air changes: minimum of 10 changes/hour

Exposure Concentrations

0, 6, and 18 mg/m³ by inhalation

Type and Frequency of Observation

Observed twice daily; body weights and clinical findings recorded at study initiation, weekly through week 13, and monthly thereafter

Necropsy

Necropsy performed on all animals. Organ weights recorded for brain, heart, right kidney, liver, and lung.

Histopathology

Complete histopathologic examinations performed on all animals. In addition to tissue masses and gross lesions, tissues examined included: adrenal gland, bone (including marrow), brain, clitoral gland (female rats), epididymis, esophagus, gallbladder (mice), harderian gland (female rats and mice), heart, kidney, large intestine (cecum, colon, rectum), larynx, liver, lung, lymph nodes (bronchial, mandibular, mediastinal, mesenteric), mammary gland, nose, ovary, pancreas, parathyroid gland, pituitary gland, preputial gland (male rats), prostate gland, salivary gland, seminal vesicle, skin, small intestine (duodenum, ileum, jejunum), spleen, stomach (forestomach, glandular), testis, thymus, thyroid gland, trachea, urinary bladder, and uterus.

RESULTS

RATS

4-WEEK STUDY DOSE SELECTION

Selection of 6 or 18 mg talc/m³ as the exposure concentrations was based on the results of a 4-week inhalation study in F344/N rats to determine lung talc burden and histopathologic changes associated with talc exposure. These studies indicated that the amount of talc retained in the lung was similar between sexes and proportional to exposure concentration (Appendix K). Microscopic examination of the lungs revealed an accumulation of alveolar macrophages in the lungs only at the 18 mg/m³ concentration. Based on these findings it was predicted that aerosol concentrations greater than 18 mg/m³ would overwhelm lung clearance mechanisms, impair lung function, and possibly shorten survival.

LIFETIME STUDY

Survival

Estimates of survival probabilities for male and female rats are shown in Table 2 and in the Kaplan-Meier curves in Figure 1. Survival of exposed male and female rats was similar to that of the controls.

Body Weights and Clinical Findings

The mean body weights of male and female rats exposed to 6 mg/m³ talc were similar to those of controls throughout the study (Tables 3 and 4, and Figure 2). Mean body weights of male and female rats exposed to 18 mg/m³ were slightly lower than those of controls, particularly after week 65. The final mean body weight of males in the 18 mg/m³

group was 4% lower than that of the controls, while the final mean body weight of females in the 18 mg/m³ group was 14% lower than that of the controls.

Serological tests were performed prior to the beginning of the study and after 6, 12, and 18 months of exposure; serological tests were negative for all microorganisms tested (Table J1). After 24 months and 28 and 30 months (females), the serological tests were positive for Kilham rat virus (KRV), Sendai virus, and rat coronavirus/sialodacryoadenitis virus (RCV/SDA). The significance of the positive KRV titer is unknown since it was found in only one rat and was not observed at later times. No clinical findings or gross or microscopic lesions that could be attributed to Sendai virus or RCV/SDA infections were observed in the talc exposed or control groups. Since there was no clinical or pathological evidence of disease and since the infection occurred very late in the study, these subclinical infections are believed to have had no impact on the study results.

Pathology and Statistical Analyses of Results

This section describes the statistically significant or biologically noteworthy changes in the incidences of neoplastic or nonneoplastic lesions of the lung, lymph node, nose, and adrenal medulla. Summaries of the incidences of nonneoplastic lesions and neoplasms, the individual animal neoplasm diagnoses, and the statistical analyses of primary neoplasms that occurred with an incidence of at least 5% in at least one group are presented in Appendix A for male rats and Appendix B for female rats.

TABLE 2
Survival of Rats in the Lifetime Inhalation Study of Talc

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lifetime Study Groups			
Animals initially in study	50	50	50
Natural deaths	18	17	14
Moribund kills	23	19	20
Animals surviving to study termination	9	14	16
Percent survival at end of study ^a	18	28	32
Mean survival (days) ^b	696	707	711
Survival analysis ^c	P=0.217N	P=0.422N	P=0.192N
Special Study Groups^d			
Animals initially in study	22	22	22
Natural deaths	2	2	6
Moribund kills	9	5	6
Scheduled sacrifice	11	15	10
Females			
Lifetime Study Groups			
Animals initially in study	50	50	50
Natural deaths	11	19	14
Moribund kills	28	17	27
Missing ^d	0	1	0
Animals surviving to study termination	11	13	9
Percent survival at end of study ^a	22	28	18
Mean survival (days) ^b	743	753	758
Survival analysis ^c	P=0.846	P=0.805N	P=0.977
Special Study Groups^d			
Animals initially in study	22	22	22
Natural deaths	2	1	2
Moribund kills	5	3	8
Scheduled sacrifice	15	18	12

^a Kaplan-Meier determinations

^b Mean of all deaths (uncensored, censored, and terminal sacrifice).

^c The result of the life table trend test (Tarone, 1975) is in the control column, and the results of the life table pairwise comparisons (Cox, 1972) with the controls are in the dosed columns. A negative trend or lower mortality in a dose group is indicated by N.

^d Censored from survival analyses

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Results

27

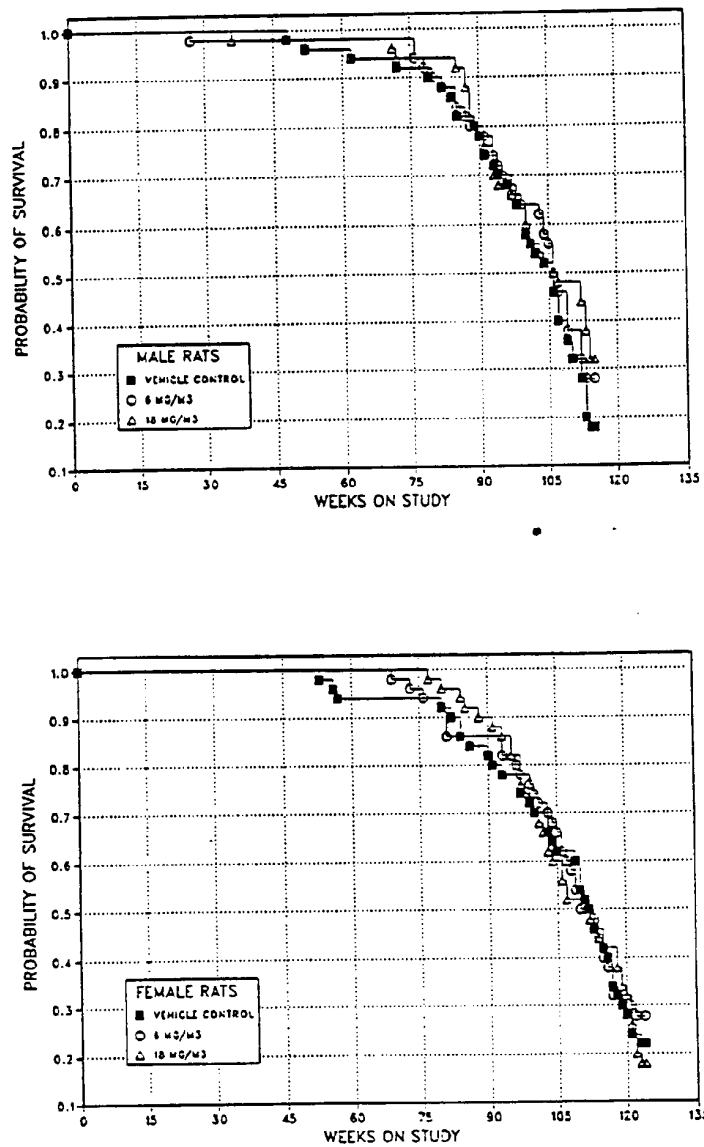


FIGURE 1
Kaplan-Meier Survival Curves for Male and Female Rats Administered Talc by Inhalation
for Their Lifetime

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28

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TABLE 3
Mean Body Weights and Survival of Male Rats in the Lifetime Inhalation Study of Talc

Weeks on Study	0 mg/m ³		6 mg/m ³			18 mg/m ³		
	Av. Wt. (g)	Number of Survivors	Av. Wt. (g)	Wt. (% of controls)	Number of Survivors	Av. Wt. (g)	Wt. (% of controls)	Number of Survivors
1	118	72	121	103	72	119	101	72
2	174	72	174	100	72	174	100	72
3	201	72	200	100	72	202	101	72
4	225	72	215	95	72	219	97	72
5	237	72	239	101	72	238	101	72
6	250	72	252	101	72	251	100	72
7	265	72	263	99	72	263	99	72
8	275	72	270	98	72	269	98	72
9	287	72	280	98	72	281	98	72
10	297	72	293	99	72	293	99	72
11	304	72	300	99	72	297	98	72
13	317	72	315	100	72	312	98	72
17	339	72	338	100	72	331	98	72
21	359	72	355	99	72	351	98	72
25	374	71	370	99	72	367	98	72
29 ^a	380	68	378	99	68	369	97	69
33	398	68	393	99	68	386	97	69
38	407	68	405	100	68	393	97	68
41	413	68	412	100	68	401	97	68
45	421	68	420	100	68	410	97	68
49 ^a	431	63	428	99	65	418	97	65
53	434	62	432	100	65	422	97	65
57	435	62	432	99	65	424	97	65
61	443	62	442	100	65	430	97	65
65	450	61	444	99	65	432	96	65
69	448	61	440	98	65	429	96	65
73	453	60	442	98	65	432	95	63
77	452	60	441	98	63	429	95	62
81 ^a	444	55	434	98	57	423	95	59
85	450	49	434	97	53	424	94	57
89	447	47	437	98	50	424	95	51
93	434	43	429	99	48	408	94	46
97	429	40	427	100	41	407	95	40
101	410	34	395	96	40	394	96	34
105 ^a	390	29	391	100	35	385	99	28
109	377	18	390	104	19	376	100	24
113	358	11	389	109	15	342	96	21
Terminal sacrifice		9			14			16
Mean for weeks								
1-13	246		244	99		243	99	
14-52	391		389	99		381	97	
53-113	428		425	99		411	96	

^a Interim evaluations occurred during weeks 27, 47, 79, and 105.

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Results

29

TABLE 4
Mean Body Weights and Survival of Female Rats in the Lifetime Inhalation Study of Talc

Weeks on Study	0 mg/m ³		6 mg/m ³			18 mg/m ³		
	Av. Wt. (g)	Number of Survivors	Av. Wt. (g)	Wt. (% of controls)	Number of Survivors	Av. Wt. (g)	Wt. (% of controls)	Number of Survivors
1	97	72	101	104	72	98	101	72
2	126	72	127	101	72	125	99	72
3	136	72	139	102	72	138	101	72
4	149	72	144	97	72 ^a	145	97	72
5	153	72	159	104	72	154	100	72
6	160	72	165	103	72	160	101	72
7	165	72	169	102	72	166	101	72
8	168	72	171	102	72	168	100	72
9	174	72	176	101	72	173	100	72
10	178	72	182	102	72	179	101	72
11	181	72	184	102	72	181	100	72
13	186	72	191	103	72	187	101	72
17	194	72	201	104	72	197	101	72
21	206	72	211	103	72	207	101	72
25	213	72	216	101	72	214	100	72
29 ^b	215	68	219	101	69	213	99	69
33	224	68	227	101	69	221	99	69
38	233	68	237	102	69	229	98	69
41	239	68	242	101	69	235	98	69
45	248	68	251	101	69	242	98	69
49 ^b	256	65	259	101	66	252	98	66
53	266	65	270	102	66	260	98	66
57	276	62	277	101	66	269	98	65
61	285	62	288	101	66	276	97	65
65	290	61	288	100	66	277	96	65
69	296	61	292	99	66	281	95	65
73	300	61	295	98	64	284	95	65
77	303	61	297	98	62	284	94	64
81 ^b	300	57	301	100	55	283	94	59
85	306	54	302	99	55	283	93	57
89	307	52	305	99	55	287	94	53
93	307	49	305	99	53	286	93	49
97	303	46	304	100	50	281	93	43
101	291	44	296	102	47	271	93	39
105 ^b	288	37	295	103	43	271	94	33
109	290	32	288	99	28	273	94	26
113	289	24	273	94	24	260	90	23
117	283	18	264	93	18	256	90	21
121	277	13	264	95	14	231	84	13
123	268	13	260	97	13	231	86	10
Terminal sacrifice		12			13			9
Mean for weeks								
1-13	156		159	102		156	100	
14-52	225		229	102		223	99	
53-123	291		288	99		271	93	

^a The number of animals weighed for this week is fewer than the number of animals surviving.^b Interim evaluations occurred during weeks 27, 47, 79, and 105.

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30

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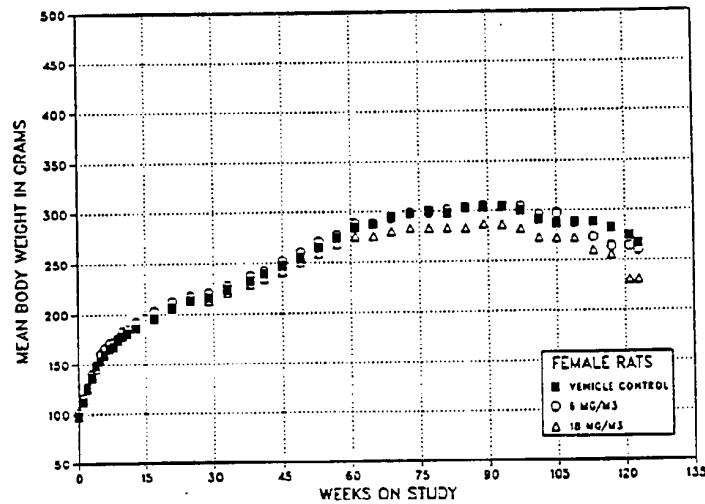
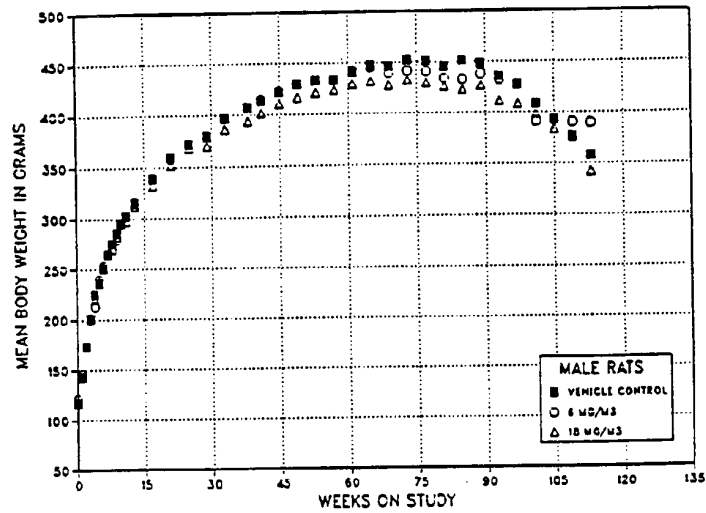


FIGURE 2
Growth Curves for Male and Female Rats Administered Talc by Inhalation for Their Lifetime

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Board Draft

Results

31

Lung: Absolute and relative lung weights of male rats exposed to 18 mg/m³ were significantly greater than those of controls at the 6-, 11-, and 18-month interim evaluations and at the end of the study, while those of female rats exposed to 18 mg/m³ were significantly greater than those of controls at the 11-, 18-, and 24-month interim evaluations and at the end of the study (Appendix E). Although lung weights of males exposed to 6 mg/m³ were not significantly different from controls at any of the interim evaluations, those of females at the 18-month interim evaluation and at the end of the lifetime study were significantly greater.

Pulmonary lesions in male and female rats occurring in response to the inhalation of talc aerosols were generally similar at the interim evaluations and the end of the study, but varied in incidence, extent, and severity with exposure concentration and duration (Table 5). At necropsy, the lungs of exposed rats had multiple small, round, pale white lesions visible through the visceral pleura. These lesions were generally larger and more extensive in rats exposed to 18 mg/m³ than in those exposed to 6 mg/m³, and at the end of the study than at the earlier interim evaluations.

At the 6-month interim evaluation, the pulmonary lesions consisted of multiple, focal accumulations of alveolar macrophages and infrequent neutrophils within alveolar lumens (inflammation, granulomatous). When viewed under polarized light, the cytoplasm of the alveolar macrophages contained birefringent particles believed to be talc. In two female rats, the alveolar epithelium in some affected areas had increased numbers of low cuboidal type II pneumocytes (alveolar epithelial hyperplasia), but there was no apparent increase in the amount of collagen within the alveolar septa. The peribronchial lymphoid aggregates of several rats also contained focal accumulations of macrophages that varied from a few to approximately 10 cells in the plane of section (peribronchial hyperplasia, histiocytic).

In contrast to the first interim evaluation, hyperplasia of type II pneumocytes was associated with the intra-alveolar accumulations of macrophages in all exposed rats examined at 11 months. Moreover, in the most severely affected foci, the alveolar septa were thickened by the accumulation of reticulin and collagen fibers (interstitial fibrosis). The lesions in rats examined

at 18 and 24 months and in core study rats were similar but generally larger and more extensive (Plates 1 and 2). Although alveolar macrophages predominated in the inflammatory lesions, varying numbers of neutrophils were also present and the interstitium contained infiltrates of mononuclear inflammatory cells (lymphocytes and macrophages). Moreover, epithelioid macrophages and multinucleated giant cells were also seen within foci of inflammation at these later time points. In some rats, there were well-delineated areas of fibrosis that completely obliterated the alveoli (Plates 3 and 4). Hyperplasia of the alveolar epithelium was often prominent at the margins of these lesions. The affected cells were cuboidal or columnar with prominent nucleoli and exhibited some pleomorphism.

In addition to the changes described above, squamous metaplasia of the alveolar epithelium (Plate 5) was observed in two male and eight female rats in the 18 mg/m³ groups of the core study (Table 5). The metaplasia was usually associated with inflammation and was characterized by the replacement of alveolar type I and type II pneumocytes by well-differentiated keratinized squamous cells. Squamous cysts were also seen in three males and seven females in the 18 mg/m³ groups and in one female in the 6 mg/m³ group. The cysts had outer walls of well-differentiated, stratified squamous epithelium without cellular atypia and central lumens often containing sloughed keratin.

Although an alveolar/bronchiolar adenoma was seen in one 6 mg/m³ female at the 18-month interim evaluation, the remainder of the pulmonary neoplasms were seen in rats in the core study (Table 6). The incidences of alveolar/bronchiolar adenoma, carcinoma, and adenoma or carcinoma (combined) in female rats exposed to 18 mg/m³ were significantly greater than those of controls. A squamous cell carcinoma was also observed in an 18 mg/m³ female. Alveolar/bronchiolar neoplasms occurred in two males exposed to talc aerosols, one at each of the exposure concentrations, and none were seen in control males. Because of the low number of affected male rats, these neoplasms could not be attributed to talc exposure.

Because of the moderate to marked hyperplasia of the alveolar epithelium associated with the inflammatory lesions and because of the fibrosis and

32

Talc, NTP TR 421

TABLE 5
Incidences of Selected Lung Lesions in Rats in the Lifetime Inhalation Study of Talc

	Male			Female		
	0 mg/m ³	6 mg/m ³	18 mg/m ³	0 mg/m ³	6 mg/m ³	18 mg/m ³
6-Month Interim Evaluation						
Lung ^a	3	3	3	3	3	3
Inflammation, Granulomatous ^b	0	3*(1.3) ^c	3*(2.3)	0	3*(1.3)	3*(3.0)
Peribronchial Hyperplasia, Histiocytic	0	1 (1.0)	2 (2.0)	0	1 (1.0)	2 (1.0)
Hyperplasia, Alveolar Epithelium	0	0	0	0	1 (1.0)	1 (1.0)
11-Month Interim Evaluation						
Lung	2	3	3	3	3	3
Inflammation, Granulomatous	0	3*(1.7)	3*(3.0)	0	3*(1.7)	3*(2.7)
Peribronchial Hyperplasia, Histiocytic	0	0	0	0	1 (1.0)	2 (1.5)
Hyperplasia, Alveolar Epithelium	0	3*(2.0)	3*(1.7)	0	3*(1.0)	3*(2.3)
Interstitial, Fibrosis, Focal	0	2 (1.0)	3*(1.0)	0	2 (1.0)	3*(1.0)
18-Month Interim Evaluation						
Lung	3	3	2	3	3	3
Inflammation, Granulomatous	1 (1.0)	3 (1.3)	2 (2.0)	0	3*(1.7)	3*(2.0)
Peribronchial Hyperplasia, Histiocytic	0	2 (1.0)	2 (1.0)	0	1 (1.0)	2 (1.0)
Hyperplasia, Alveolar Epithelium	1 (1.0)	3 (1.0)	2 (1.0)	1 (1.0)	3 (1.0)	3 (1.3)
Interstitial, Fibrosis, Focal	0	3*(1.0)	2 (1.5)	0	3*(1.3)	3*(1.7)
Alveolar/bronchiolar Adenoma	0	0	0	0	1	0
24-Month Interim Evaluation						
Lung	3	6	2	5	9	3
Inflammation, Granulomatous	0	6*(1.5)	2 (2.0)	1 (1.0)	9***(1.4)	3 (1.7)
Peribronchial Hyperplasia, Histiocytic	0	1 (1.0)	1 (2.0)	0	2 (1.0)	0
Hyperplasia, Alveolar Epithelium	0	6*(1.0)	2 (1.5)	1 (1.0)	9***(1.4)	2 (2.3)
Interstitial, Fibrosis, Focal	0	5*(1.0)	2 (1.5)	0	8***(1.4)	3*(3.0)
Core Study						
Lung	49	50	50	50	48	50
Inflammation, Granulomatous	2 (1.0)	50***(1.6)	49***(2.3)	2 (1.5)	47***(1.5)	50***(2.8)
Peribronchial Hyperplasia, Histiocytic	0	12***(1.3)	8***(1.9)	0	8***(1.3)	9***(1.3)
Alveolar Epithelium, Hyperplasia	5 (2.0)	26***(1.3)	38***(1.7)	2 (1.0)	27***(1.2)	47***(2.1)
Alveolus, Metaplasia, Squamous	0	0	2 (1.0)	0	0	8***(1.1)
Interstitial, Fibrosis, Focal	1 (1.0)	16***(1.2)	33***(1.8)	1 (1.0)	24***(1.5)	44***(2.1)
Cyst (Squamous)	0	0	3	0	1	7**

* Significantly different (P≤0.05) from the control by Fisher's exact test (interim evaluation) or logistic regression (lifetime study)

** P≤0.01

^a Number of animals with lung examined microscopically.

^b Number of animals with lesion.

^c Average severity grades of lesions in affected animals: 1 = minimal, 2 = mild, 3 = moderate, 4 = marked

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Results

33

TABLE 6
Incidences of Lung Neoplasms in Rats in the Lifetime Inhalation Study of Talc

	Male			Female		
	0 mg/m ³	6 mg/m ³	18 mg/m ³	0 mg/m ³	6 mg/m ³	18 mg/m ³
Core Study						
Alveolar/bronchiolar Adenoma						
Overall rates ^a	0/49 (0%)	1/50 (2%)	1/50 (2%)	1/50 (2%)	0/48 (0%)	9/50 (18%)
Terminal rates ^b	0/9 (0%)	0/14 (0%)	1/16 (6%)	0/11 (0%)	0/13 (0%)	1/9 (11%)
First incidence (days)	— ^d	781	799 (T)	805	—	716
Logistic regression ^c	P=0.494	P=0.527	P=0.615	P<0.001	P=0.503N	P=0.010
Alveolar/bronchiolar Carcinoma						
Overall rates	0/49 (0%)	0/50 (0%)	1/50 (2%)	0/50 (0%)	0/48 (0%)	5/50 (10%)
Terminal rates	0/9 (0%)	0/14 (0%)	1/16 (6%)	0/11 (0%)	0/13 (0%)	3/9 (33%)
First incidence (days)	—	—	799 (T)	—	—	828
Logistic regression	P=0.370	— ^e	P=0.615	P=0.003	—	P=0.028
Alveolar/bronchiolar Adenoma or Carcinoma						
Overall rates	0/49 (0%)	1/50 (2%)	1/50 (2%)	1/50 (2%)	0/48 (0%)	13/50 (26%)
Terminal rates	0/9 (0%)	0/14 (0%)	1/16 (6%)	0/11 (0%)	0/13 (0%)	4/9 (44%)
First incidence (days)	—	781	799 (T)	805	—	716
Logistic regression	P=0.494	P=0.527	P=0.615	P<0.001	P=0.503N	P<0.001
Squamous Cell Carcinoma						
Overall rates	0/49 (0%)	0/50 (0%)	0/50 (0%)	0/50 (0%)	0/48 (0%)	1/50 (2%)

(T) Terminal sacrifice

^a Number of tumor-bearing animals/number of animals examined microscopically.^b Observed incidence at terminal kill^c Beneath the control incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between the controls and that dosed group. The logistic regression tests regard these lesions as nonfatal. A lower incidence in a dose group is indicated by N.^d Not applicable; no tumors in animal group^e Value of statistic cannot be computed.

inflammation occurring within some of the neoplasms, there was considerable difficulty in determining the biological nature of the proliferative lesions observed and in distinguishing hyperplasia from adenoma and adenoma from carcinoma. The adenomas were irregular, circumscribed masses consisting of cuboidal to columnar epithelium arranged in alveolar, tubular, or papillary formations and separated by varying amounts of collagenous connective tissue. The neoplastic epithelium generally formed a single layer and was relatively uniform with minimal cellular atypia. The carcinomas were distinguished from the adenomas on the basis of having greater cellular pleomorphism and atypia, but they exhibited little evidence of invasion and none metastasized (Plates 6 and 7). In several benign and malignant neoplasms, the central portion of the mass was composed primarily of dense collagen and the epithelial component was

located at the periphery. The extent of fibrosis in these neoplasms is not typical of spontaneous alveolar/bronchiolar neoplasms in control F344/N rats. The fibrous connective tissue was not interpreted as being a primary scirrhous response to the neoplastic epithelium, but rather a component of the prolonged inflammatory reaction to talc.

Lymph node: Histiocytic hyperplasia, consisting of accumulations of macrophages in the subcapsular and medullary sinuses, occurred in the bronchial lymph nodes (male: 0 mg/m³, 0/41; 6 mg/m³, 44/48; 18 mg/m³, 46/49; female: 0/46, 40/47, 45/47) and in the mediastinal lymph nodes (male: 0/48, 40/49, 43/47; female: 0/47, 33/44, 40/47) of rats exposed to talc (Tables A4 and B4). The macrophages had foamy cytoplasm filled with birefringent particles of talc.

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Nose: Hyperplasia of the respiratory epithelium of the nasal mucosa occurred in three male rats exposed to 6 mg/m³ and 14 male rats exposed to 18 mg/m³, but not in the control group (Table A4). The lesion consisted of an increase in the number of goblet cells primarily in the mucosa of the nasal septum. Hyperplasia of the respiratory epithelium also occurred in several female rats, but the incidences in the exposed groups were not significantly increased (Table B4).

During the pathology review process, it was noted that male and female rats in control and exposed groups had large eosinophilic droplets in the cytoplasm of the olfactory and, to a lesser extent, the respiratory epithelium. The lesion (cytoplasmic alteration) was focal or multifocal and usually located near the junction of the two epithelial types. Although present in the controls, the incidences were increased in exposed rats (males: 3/49, 18/48, 40/47; females: 5/48, 23/45, 46/48).

Adrenal medulla: Focal adrenal medulla hyperplasia or pheochromocytoma were observed in rats at the various interim evaluations, but the number of affected rats was too small to draw definitive conclusions. However, in the core study, benign, malignant, or complex (combined) pheochromocytomas occurred with a significant positive trend in male and female rats, and the incidences in the 18 mg/m³ groups were significantly greater than those of controls by pairwise comparisons (Table 7). Moreover, bilateral pheochromocytomas were more frequent in exposed male rats than in controls (Tables A3 and B3). Although adrenal medulla hyperplasia occurred with similar frequency among exposed and control female rats, the incidences of hyperplasia in exposed males were significantly lower than controls. The lower incidences in exposed males are possibly due, in part, to the reduced amount of normal medullary tissue (e.g., medullary tissue without a pheochromocytoma) in which to observe hyperplasia.

Focal hyperplasia and pheochromocytoma constitute a morphological continuum. Focal hyperplasia consisted of irregular, small foci of small to normal sized medullary cells arranged in packets or solid clusters slightly larger than normal; compression of the surrounding tissue was minimal or absent. Pheochromocytomas were generally larger than focal hyperplasia, caused variable compression of the surrounding parenchyma, and many obscured much

or all of any remaining normal medullary tissue. The neoplastic cells were arranged in variably sized aggregates, large solid clusters, and/or trabecular cords several layers thick separated by a delicate fibrovascular stroma. The larger neoplasms usually exhibited greater cellular pleomorphism and atypia than smaller neoplasms. Because the only morphological criteria that unambiguously distinguish malignant from benign pheochromocytomas is frank invasion or metastasis, a diagnosis of malignant pheochromocytoma was made only when there was invasion of the capsule. Complex pheochromocytomas consisted of an admixture of neoplastic pheochromocytes and neuroblasts, ganglion cells, and/or Schwann cells.

Lung Talc Burden

The lung talc burdens of exposed rats, normalized to control lung weight or exposure level, are presented in Tables F2 and F3. The lung talc burden normalized to control lung weight (mg talc/g control lung) adjusts for differences in lung weight between sexes or at different ages. The lung burden normalized to control lung weight and exposure level (mg talc/g control lung/mg/m³) adjusts for exposure level to determine the effect of exposure concentration on talc clearance from the lung.

The data, normalized to control lung weight, show that talc burdens of rats exposed to 6 mg/m³ were similar between males and females and increased progressively from 6 to 24 months (Table F2). Lung talc burdens in females exposed to 18 mg/m³ also increased progressively from 6 to 24 months. In contrast, lung talc burdens of males at the 18 mg/m³ exposure concentration increased from 6 to 18 months, but remained about the same at 18 and 24 months.

The exposure-normalized data show that lung talc burdens were generally proportional to exposure concentration at each interim evaluation. The exposure-normalized lung burdens of rats exposed to 6 or 18 mg/m³ were generally similar at each of the interim evaluations except for slight increases for males at 6 and 11 months and females at 6 months (Table F3). This suggests that either clearance of talc was not substantially impaired by increasing the exposure concentration, or that clearance of talc was impaired similarly at both exposure levels.

Results

35

TABLE 7
Incidences of Nonneoplastic Lesions and Neoplasms of the Adrenal Medulla in Rats
in the Lifetime Inhalation Study of Talc

	Male			Female		
	0 mg/m ³	6 mg/m ³	18 mg/m ³	0 mg/m ³	6 mg/m ³	18 mg/m ³
11-Month Interim Evaluation						
Adrenal Medulla ^a	2	3	3	3	3	3
Hyperplasia ^b	0	0	0	0	0	0
Pheochromocytoma, Benign	1	0	0	0	0	0
18-Month Interim Evaluation						
Adrenal Medulla	3	3	2	2	3	3
Hyperplasia	0	1 (1.0) ^c	0	0	1 (2.0)	1 (2.0)
Pheochromocytoma, Benign	0	0	1	0	0	0
24-Month Interim Evaluation						
Adrenal Medulla	3	6	2	5	9	3
Hyperplasia	2 (1.5)	2 (2.0)	0	3 (2.0)	0	0
Pheochromocytoma, Benign	0	2	0	0	4	0
Pheochromocytoma, Benign, Bilateral	1	1	2	0	1	3
Core Study						
Adrenal Medulla	49	48	47	48	47	49
Hyperplasia	20 (2.7)	8** (2.3)	9* (3.2)	22 (2.5)	20 (2.2)	16 (2.6)
Pheochromocytoma, Benign						
Overall rates ^d	25/49 (51%)	30/48 (63%)	36/47 (77%)	13/48 (27%)	14/47 (30%)	18/49 (37%)
Terminal rates ^e	6/9 (67%)	11/14 (79%)	16/16 (100%)	5/11 (45%)	5/13 (38%)	6/9 (67%)
First incidence (days)	429	558	614	678	705	697
Logistic regression test ^f	P=0.007	P=0.213	P=0.009	P=0.185	P=0.541	P=0.225
Pheochromocytoma, Malignant						
Overall rates	3/49 (6%)	3/48 (6%)	7/47 (15%)	0/48 (0%)	1/47 (2%)	10/49 (20%)
Terminal rates	1/9 (11%)	1/14 (7%)	3/16 (19%)	0/11 (0%)	0/13 (0%)	3/9 (33%)
First incidence (days)	670	544	645	— ^g	849	784
Logistic regression test	P=0.096	P=0.662	P=0.178	P<0.001	P=0.509	P=0.001
Pheochromocytoma, Complex						
Overall rates	0/49 (0%)	2/48 (4%)	1/47 (2%)	0/48 (0%)	0/47 (0%)	0/49 (0%)
Terminal rates	0/9 (0%)	1/14 (7%)	0/16 (0%)	0/11 (0%)	0/13 (0%)	0/9 (0%)
First incidence (days)	—	558	743	— ^h	—	—
Logistic regression test	P=0.486	P=0.230	P=0.503	— ^h	—	—
Pheochromocytoma, Benign, Malignant, or Complex						
Overall rates	26/49 (53%)	32/48 (67%)	37/47 (79%)	13/48 (27%)	14/47 (30%)	23/49 (47%)
Terminal rates	7/9 (78%)	12/14 (86%)	16/16 (100%)	5/11 (45%)	5/13 (38%)	8/9 (89%)
First incidence (days)	429	544	614	678	705	697
Logistic regression test	P=0.007	P=0.147	P=0.006	P=0.014	P=0.541	P=0.024

* Significantly different (P≤0.05) from the control by logistic regression

** P≤0.01

^a Number of animals with adrenal medulla examined microscopically.

^b Number of animals with lesion.

^c Average severity grades of lesions in affected animals: 1 = minimal, 2 = mild, 3 = moderate, 4 = marked

^d Number of animals with neoplasm per number of rats with adrenal medulla examined microscopically.

^e Observed incidence at terminal kill

^f Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between the controls and that dosed group. The logistic regression tests regard these lesions as nonfatal.

^g Not applicable; no tumors in animal group

^h Value of statistic cannot be computed.

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Pulmonary Function

Results of the respiratory function measurements are presented in Tables F9 through F41. A progressive dose and time-related impairment of respiratory function was observed in both male and female rats exposed to talc. The impairment was restrictive in nature, consisting of reduced lung volume, increased lung stiffness, reduced gas exchange efficiency, and nonuniform intrapulmonary gas distribution.

6-Month Interim Evaluation: At 6 months there were few significant differences between values for rats exposed to 18 mg/m³ and controls, and no significant differences between values for rats exposed to 6 mg/m³ and controls. There were, however, slight trends among both males and females toward smaller lung volumes and reduced forced expiratory flow. Total lung capacity, vital capacity, and forced vital capacity were all slightly smaller in the 18 mg/m³ groups, but only the forced vital capacity of females differed significantly from controls. All forced expiratory flow rates were lower in the 18 mg/m³ groups, but only those of males were significantly lower than those of the controls. The reduced flow rates were partly related to the smaller lungs, but even volume-normalized flow tended to be reduced in the exposed rats. The reduced flow rates most likely reflected changes in small airways. Total pulmonary resistance, which primarily reflects flow resistance in large airways, was unaffected.

11-Month Interim Evaluation: Functional alterations were clearly apparent in exposed males and females after 11 months. Total lung capacity, vital capacity, and forced vital capacity were significantly lower in males and females exposed to 18 mg/m³ and males exposed to 6 mg/m³. The reduced volume was accompanied by significant reductions in quasistatic lung compliance in males, and both dynamic and quasistatic lung compliance in females. The volume and compliance changes indicate a stiffening of the lung (or increase in elastic recoil). Forced expiratory flows during mid to late expiration were slightly lower in exposed males than in controls, but the differences were not significant.

A reduction of alveolar-capillary gas exchange efficiency was reflected by a significant reduction of carbon monoxide diffusing capacity in the 18 mg/m³ male and female rat groups. Although diffusing capacity is somewhat volume dependent, the reduced lung volume did not completely account for the

change. Volume-normalized diffusing capacity was also significantly reduced in male and female rats exposed to 18 mg/m³.

18-Month Interim Evaluation: Total lung capacity, vital capacity, and forced vital capacity of all exposed groups of male and female rats were significantly lower than those of controls at 18 months, except for vital capacity of males exposed to 6 mg/m³. In females exposed to 18 mg/m³, these decreases were accompanied by significant increases in resting (functional residual capacity) and minimum (residual) volumes. The decrease in volume at maximum inflations (total capacity, vital capacity, and forced vital capacity) reflected the inability of the stiffened lungs to stretch normally. Volume-normalized forced expiratory flows of exposed male and female rats were generally greater than those of controls, due to the reduced lung volume and little or no reduction in flow.

All parameters of lung compliance in male and female rats exposed to 18 mg/m³ were also significantly lower than controls at 18 months, while two of the three compliance parameters were significantly lower at the 6 mg/m³ exposure level. The carbon monoxide diffusing capacities in males and females exposed to 18 mg/m³ were significantly lower than controls at 18 months, which is consistent with the findings at 11 months.

The slope of phase III of the single-breath N₂ washout of male and female rats exposed to 18 mg/m³ was significantly greater than controls, apparently due to uneven mixing of oxygen with residual nitrogen in the lung during maximal inflation. This finding reflects a nonuniform distribution of inhaled air.

24-Month Interim Evaluation: Because of reduced survival in all groups of male and female rats, fewer animals remained alive at 24 months for evaluation of pulmonary function. Because of the smaller group sizes (3 rats each from the control and 18 mg/m³ groups were evaluated), few of the differences were statistically significant. Nevertheless, there were reductions in lung volume parameters (total lung capacity, vital capacity, and forced vital capacity), lung compliance, and carbon monoxide diffusing capacity in exposed male and female rats consistent with the findings at the earlier time periods.

Results

37

The progression of the functional impairments over the course of the study are illustrated in Figure 3, which plots the data for three functional parameters obtained from the 3 male and 3 female rats in the 18 mg/m³ exposure groups surviving until 24 months.

Bronchoalveolar Lavage and Lung Biochemistry

Following the completion of the pulmonary function tests at the 24-month interim evaluation, bronchoalveolar lavage was performed on the remaining rats in these groups and the lavage fluid was evaluated for enzymes, protein, and cell content as shown in Tables F4 and F5. Values for glucose-6-phosphate dehydrogenase and glutathione peroxidase are not reported because they were below the limits of detection.

The values for β -glucuronidase, alkaline phosphatase, lactate dehydrogenase, and total protein in both male and female rats exposed to 18 mg/m³ talc were significantly greater than those of controls. In addition, females in this group had a significantly higher value for glutathione reductase. Both male and female rats exposed to 6 mg/m³ talc had significantly greater β -glucuronidase values, but only female rats exposed to 6 mg/m³ had higher values of alkaline phosphatase, lactate dehydrogenase, and protein. The percentages of polymorphonuclear leukocytes in the lavage fluid were also significantly greater in male and female rats exposed to talc at both concentration levels. The increase in enzymes, total protein, and leukocytes are consistent with the morphological findings of a chronic active

inflammatory process and cellular degenerative changes.

The viability and phagocytic activity of alveolar macrophages recovered from the lungs of rats exposed to 6 or 18 mg/m³ talc or from the chamber controls ranged from approximately 60% to 80%. Neither the viability or phagocytic activity were significantly affected by exposure to talc (Table F6).

Table F7 summarizes the effects of talc exposure on collagen metabolism and protein synthesis. Collagenous peptides in lavage fluid and collagen production (% newly synthesized protein) from female rats, but not males, exposed to 6 or 18 mg/m³ were significantly greater than controls. Total lung collagen from males and females at both exposure levels were also significantly greater. Values for non-collagenous protein synthesis were significantly greater in males exposed to 6 or 18 mg/m³ and in females exposed to 18 mg/m³ than in controls.

Lung proteinase activity, as determined from lavage fluid and homogenate supernatant fluid, is shown in Table F8. Acid proteinase activity, primarily cathepsin D, was significantly greater in both males and females exposed to 6 or 18 mg/m³ than in controls. Neutral proteinase activity in homogenate supernatant fluid was also greater in rats exposed to talc. The activity was mostly serine proteinase, like that of polymorphonuclear leukocyte elastase and cathepsin G.

38

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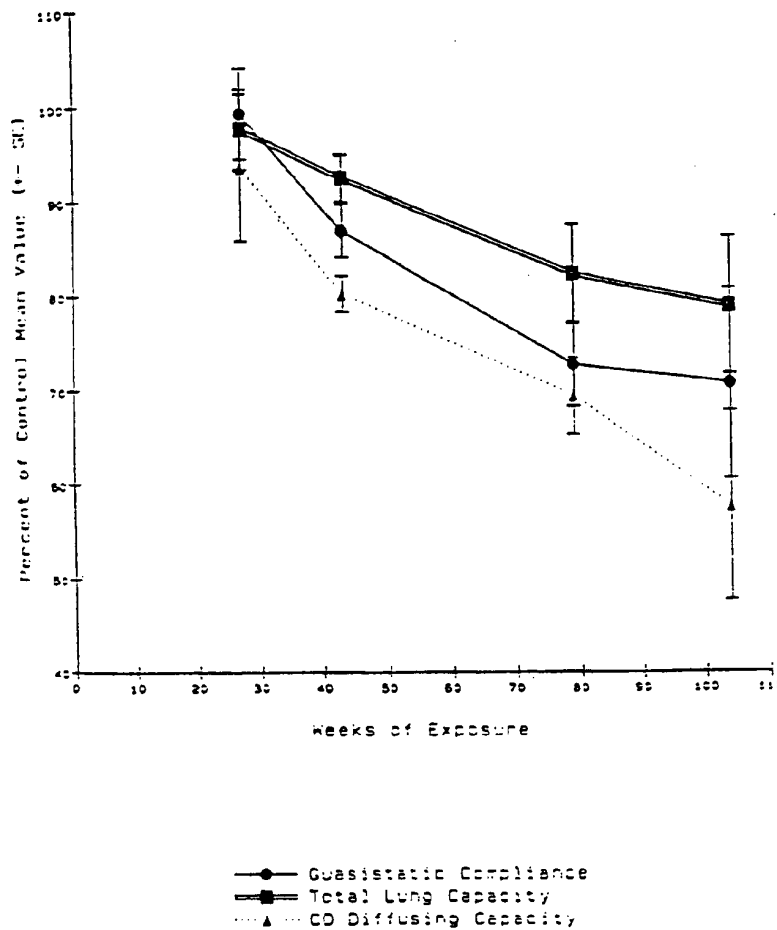


FIGURE 3
Effect of 18 mg/m³ Talc Exposure on Respiratory Function of Male and Female Rats
Surviving to 104 Weeks

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MICE

4-WEEK STUDY DOSE SELECTION

Selection of 6 or 18 mg talc/m³ as the exposure concentrations was based on the results of a 4-week inhalation study in B6C3F₁ mice to determine lung talc burden and histopathologic changes associated with talc exposure. These studies indicated that the amount of talc retained in the lung was similar between sexes and proportional to exposure concentration (Appendix K). Microscopic examination of the lungs revealed an accumulation of alveolar macrophages in the lungs only at 18 mg/m³. Based on these findings it was predicted that aerosol concentrations greater than 18 mg/m³ would overwhelm lung clearance mechanisms, impair lung function, and possibly shorten survival.

2-YEAR STUDY

Survival

Estimates of survival probabilities for male and female mice are shown in Table 8 and in the Kaplan-Meier curves in Figure 4. Survival of male and female mice exposed to talc was similar to that of the controls throughout most of the study. One female mouse exposed to 18 mg/m³ died on day 20 and six others died on day 28 of the study of undetermined cause.

Body Weights and Clinical Findings

Mean body weights of male and female mice exposed to talc were similar to controls throughout the study (Tables 9 and 10, and Figure 5). There were no clinical findings in exposed mice that could be attributed to exposure to talc.

Prior to the start of the study and after 6 months of exposure, serological tests were negative for all viruses tested and *Mycoplasma spp.* At 12 months, 8/24 mice were positive for mouse hepatitis virus (MHV), but retesting of the serum by the enzyme linked immunosorbent assay (ELISA) showed all to be negative. At the end of the study, 7/30 were positive for *Mycoplasma arthritidis* and 21/30 were positive for epizootic diarrhea of infant mice (EDIM). No clinical signs or gross or microscopic evidence of disease associated with *M. arthritidis* was observed. EDIM does not cause clinical disease or pathology in adult mice.

Pathology and Statistical Analyses of Results

This section describes the statistically significant or biologically noteworthy changes in the incidences of neoplastic or nonneoplastic lesions of the lung, lymph node, and nose. Summaries of the incidences of nonneoplastic lesions and neoplasms, the individual animal neoplasm diagnoses, and the statistical analyses of primary neoplasms that occurred with an incidence of at least 5% in at least one group are presented in Appendix C for male mice and Appendix D for female mice.

TABLE 8
Survival of Mice in the 2-Year Inhalation Study of Talc

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Core Study Groups			
Animals initially in study	50	50	50
Natural deaths	16	18	14
Moribund kills	1	2	3
Missing ^a	2	1	1
Missexed ^a	1	1	0
Animals surviving to study termination	30	28	32
Percent survival at end of study ^b	65	58	66
Mean survival (days) ^c	648	648	645
Survival analysis ^d	P=0.886N	P=0.771	P=1.000N
Special Study Groups^a			
Animals initially in study	39	40	40
Natural deaths	4	5	7
Moribund kills	0	1	1
Missing ^a	0	1	1
Scheduled sacrifice	35	33	31
Females			
Core Study Groups			
Animals initially in study	50	50	50
Natural deaths	17	21	21
Moribund kills	2	4	4
Missing ^a	1	1	0
Culled ^a	0	1	0
Animals surviving to study termination	30	23	25
Percent survival at end of study ^b	62	48	50
Mean survival (days) ^c	663	648	590
Survival analysis ^d	P=0.321	P=0.322	P=0.286
Special Study Groups^a			
Animals initially in study	39	40	40
Natural deaths	7	5	10
Moribund kills	2	5	1
Scheduled sacrifice	30	30	29

^a Censored from survival analyses

^b Kaplan-Meier determinations

^c Mean of all deaths (uncensored, censored, and terminal sacrifice).

^d The result of the life table trend test (Tarone, 1975) is in the control column, and the results of the life table pairwise comparisons (Cox, 1972) with the controls are in the dosed columns. A negative trend or lower mortality in a dose group is indicated by N.

Results

41

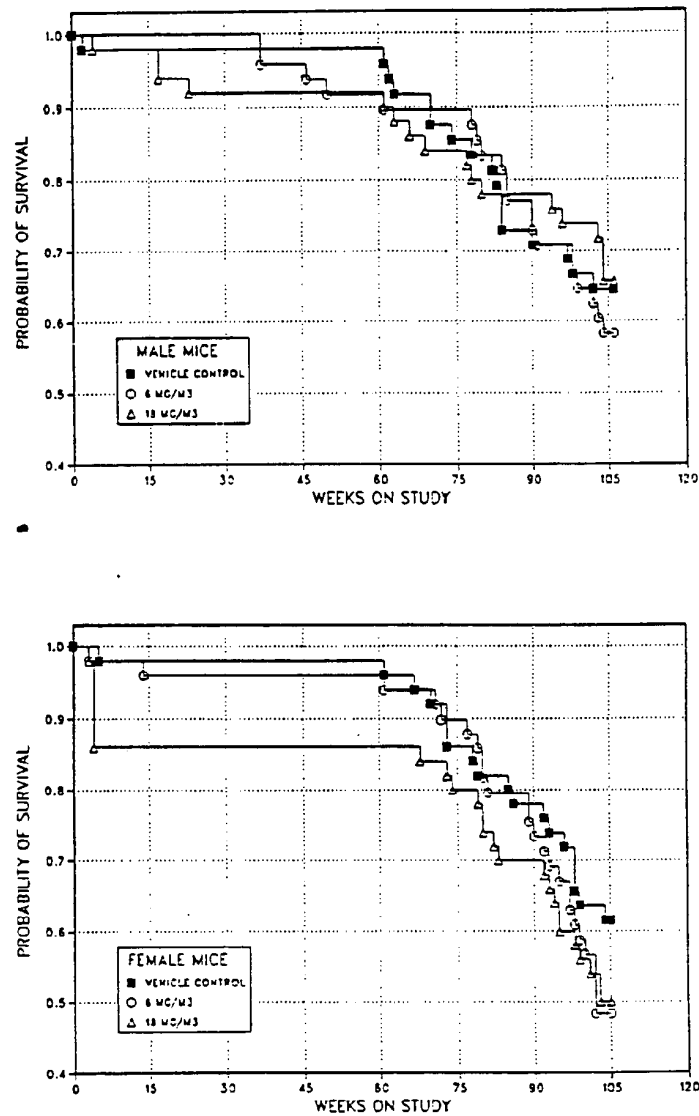


FIGURE 4
Kaplan-Meier Survival Curves for Male and Female Mice Administered Talc by Inhalation for 2 Years

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42

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TABLE 9
Mean Body Weights and Survival of Male Mice in the 2-Year Inhalation Study of Talc

Week on Study	0 mg/m ³		6 mg/m ³		Number of Survivors	18 mg/m ³		Number of Survivors
	Av. Wt. (g)	Number of Survivors	Av. Wt. (g)	Wt. (% of controls)		Av. Wt. (g)	Wt. (% of controls)	
1	23.3	50	23.8	102	50	23.7	102	50
2	24.0	48	23.9	100	49	24.3	101	50
3	25.0	47	25.4	102	49	24.8	99	50
4	25.4	47	26.4	104	49	25.0	98	50
5	26.1	47	26.2	100	49	26.6	102	49
6	27.3	47	27.4	100	49	26.9	99	49
7	27.8	47	27.4	99	49	27.5	99	49
8	25.8	47	27.9	108	49	29.7	115	49
9	28.1	47	28.3	101	48	28.5	101	49
10	28.8	47	28.5	99	48	28.7	100	49
11	29.1	47	29.5	101	48	28.3	97	49
12	29.0	47	29.2	101	48	28.7	99	49
13	30.1	47	30.5	101	48	29.8	99	49
17	31.5	47	30.8	98	48	31.0	98	47
21	32.2	47	30.9	96	48	31.4	98	47
25	33.4	47	31.8	95	48	32.5	97	46
29	33.0	47	32.3	98	48	32.7	99	46
33	33.9	47	33.3	98	48	33.2	98	46
37	34.7	47	34.2	99	46	33.8	97	46
42	35.7	47	35.4	99	46	34.7	97	46
45	36.9	47	36.0	98	46	35.7	97	46
49	36.4	47	35.5	98	45	35.5	98	46
53	36.4	47	36.6	101	44	36.3	100	46
57	36.9	47	35.8	97	44	35.7	97	46
61	36.8	46	37.6	102	43	36.6	100	45
65	37.2	44	37.1	100	43	36.4	98	44
69	36.5	44	37.1	102	43	36.0	99	42
73	37.2	42	36.5	98	43	35.1	94	42
77	36.9	41	35.1	95	43	35.0	95	42
81	37.6	40	36.8	98	40	35.2	94	39
85	37.0	35	37.1	100	37	35.2	95	39
89	36.7	35	35.9	98	37	34.8	95	38
93	34.9	34	36.3	104	34	33.4	96	38
97	34.2	33	35.2	103	34	33.3	97	36
101	33.9	31	34.1	101	31	33.3	98	36
Terminal sacrifice		30			28			32
Mean for weeks								
1-13	26.9		27.3	101		27.1	101	
14-52	34.2		33.4	98		33.4	98	
53-101	36.3		36.2	100		35.1	97	

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Results

43

TABLE 10
Mean Body Weights and Survival of Female Mice in the 2-Year Inhalation Study of Talc

Week on Study	0 mg/m ³		6 mg/m ³			18 mg/m ³		
	Av. Wt. (g)	Number of Survivors	Av. Wt. (g)	Wt. (% of controls)	Number of Survivors	Av. Wt. (g)	Wt. (% of controls)	Number of Survivors
1	19.3	50	19.3	100	50	19.6	102	50
2	19.9	50	20.1	101	50	20.5	103	50
3	21.0	50	21.3	101	50	21.1	101	50
4	22.4	50	22.5	100	49	21.5	96	49
5	22.5	49	22.7	101	49	23.2	103	43
6	24.4	49	23.7	97	49	23.8	98	43
7	24.6	49	24.5	100	49	24.3	99	43
8	22.1	49	24.2	110	49	26.8	121	43
9	24.6	49	24.9	101	49	25.2	102	43
10	25.2	49	25.4	101	49	25.3	100	43
11	25.6	49	26.2	102	49	25.0	98	43
12	25.5	49	25.1	98	49	25.2	99	43
13	26.3	49	26.4	100	49	25.9	99	43
17	27.5	49	26.7	97	47	27.3	99	43
21	28.4	49	27.2	96	47	27.7	98	43
25	29.5	49	28.1	95	47	28.9	98	43
29	29.8	49	28.6	96	47	28.9	97	43
33	30.1	49	29.7	99	47	29.5	98	43
37	30.7	49	29.9	97	47	29.9	97	43
42	31.7	49	30.8	97	47	30.3	96	43
45	32.4	49	31.7	98	47	31.1	96	43
49	32.2	49	31.2	97	47	31.0	96	43
53	32.7	49	31.4	96	47	31.9	98	43
57	32.7	49	31.0	95	47	31.2	95	43
61	33.1	49	32.9	99	46	32.3	98	43
65	33.0	48	32.4	98	46	32.7	99	43
69	32.7	47	32.4	99	46	32.1	98	42
73	32.8	43	32.1	98	44	31.0	95	41
77	32.6	43	31.3	96	43	31.3	96	40
81	33.5	41	32.7	98	39	32.1	96	37
85	32.5	40	33.0	102	39	32.7	101	35
89	32.7	39	32.1	98	36	32.1	98	35
93	31.7	37	31.7	100	33	31.2	98	33
97	31.5	35	31.7	101	30	30.6	97	30
101	31.8	31	31.4	99	27	31.0	98	27
Terminal sacrifice		30			23			25
Mean for weeks								
1-13	23.3		23.6	101		23.6	101	
14-52	30.3		29.3	97		29.4	97	
53-101	32.6		32.0	98		31.7	97	

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44

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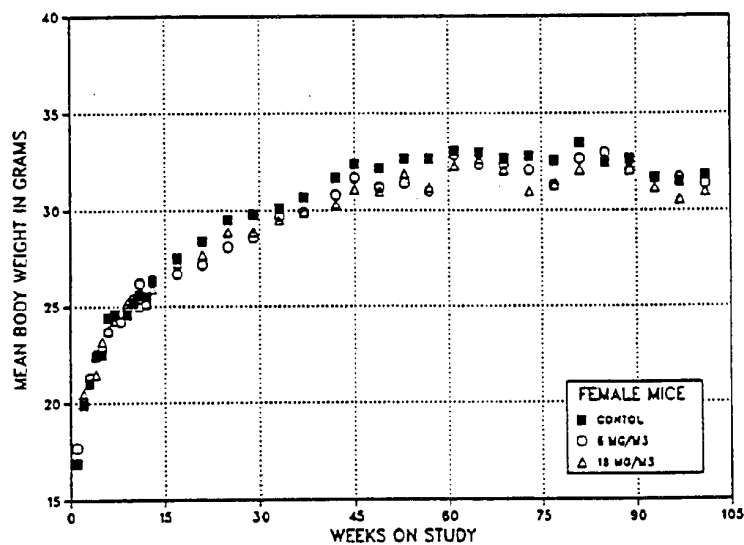
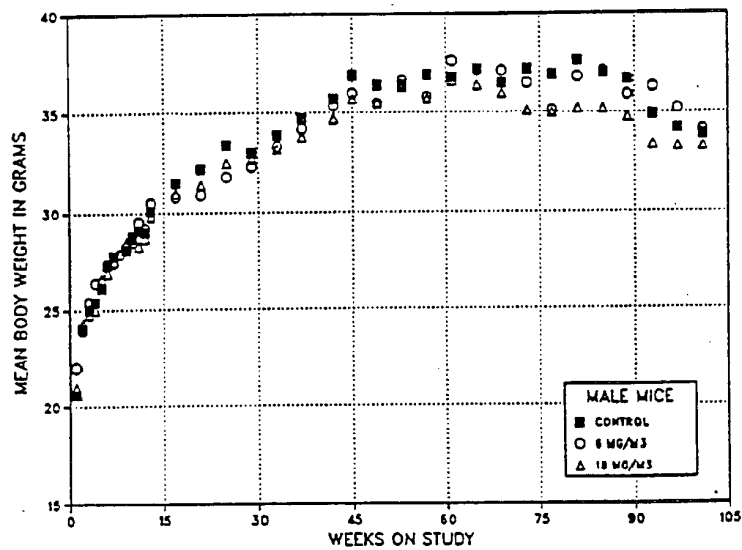


FIGURE 5
Growth Curves for Male and Female Mice Administered Talc by Inhalation For 2 Years

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Results

45

Lung: Absolute and relative lung weights of male and female mice exposed to 18 mg/m³ talc were significantly greater at the 12- and 18-month interim evaluations and at the end of the study. Lung weights of mice exposed to 6 mg/m³ were similar to controls at each of the interim evaluations.

The pulmonary lesions in mice exposed to talc were similar at the interim evaluations and at the end of the study, but the lesions varied in extent and severity with exposure concentration and duration (Table 11). The principal lung lesion occurring in exposed mice was an accumulation of alveolar macrophages in the alveoli surrounding terminal bronchioles (hyperplasia, macrophage) (Plate 8). The macrophages had abundant, slightly foamy to granular, eosinophilic cytoplasm containing birefringent talc particles. Small numbers of neutrophils were sometimes observed in the affected areas, and the interstitium contained infiltrates of mononuclear inflammatory cells (inflammation, chronic active) (Plates 9 and 10). In contrast to the pulmonary lesions in rats, hyperplasia of type II pneumocytes or fibrosis were not prominent components of the lesions in mice. The incidences of pulmonary neoplasms were similar among exposed groups and controls.

Lymph node: The bronchial lymph nodes of mice exposed to talc contained accumulations of macrophages in the medullary sinuses (hyperplasia, histocyte - male: 0 mg/m³, 1/32; 6 mg/m³, 32/39; 18 mg/m³, 42/44; female: 0/38, 25/37, 39/43; Tables C4 and D4). The macrophages had abundant, slightly foamy to granular, eosinophilic cytoplasm filled with birefringent particles of talc.

Nose: The incidences of focal cytoplasmic alteration were increased in groups of mice exposed to talc (male: 5/45, 23/46, 40/47; female: 29/46, 37/46, 40/50; Tables C4 and D4). Focal cytoplasmic alteration was characterized by the formation of large eosinophilic droplets in the cytoplasm of olfactory and respiratory epithelial cells and was similar to that observed in rats.

Lung Talc Burden

The lung talc burdens, normalized to control lung weight or exposure level, are presented in Tables G2 and G3. Lung talc burden normalized to control lung weights (mg talc/g control lung) adjusts for differences in lung weight between sexes or at different ages. The lung burden normalized to

control lung weight and exposure level (mg talc/g control lung/mg/m³) adjusts for exposure level to determine the effect of exposure concentration on talc clearance from the lung.

The data, normalized to control lung weight, show that talc burdens of mice exposed to 6 mg/m³ were similar between males and females and increased progressively from 6 to 24 months, except for males at 18 months (Table G2). However, because of the small sample size of males at 18 months (two animals), the lung talc burden of this sample may not be representative of the group as a whole. The lung talc burdens of mice exposed to 18 mg/m³ were also similar between sexes at each interim evaluation. Although the talc burdens of males and females increased substantially from 6 to 24 months, the values at 12 and 18 months were similar.

The exposure-normalized data show that lung talc burdens of mice exposed to 18 mg/m³ were disproportionately greater than those of mice exposed to 6 mg/m³ (Table G2). The slight increases in exposure-normalized lung talc burden were statistically significant in males and females at 12 and 24 months, but not at 6 or 18 months. The lack of statistical significance at 18 months might be explained, in part, by the small sample size. These data suggest that clearance of talc from the lung was impaired, or impaired to a greater extent, in mice exposed to 18 mg/m³ than in mice exposed to 6 mg/m³.

Bronchoalveolar Lavage and Lung Biochemistry

Bronchoalveolar lavage was performed and lung homogenate supernatants collected for analyses at 6, 12, 18, and 24 months. A summary of the changes occurring in bronchoalveolar fluid enzymes, protein and cells are shown in Tables G4 through G22. Values for glucose-6-phosphate dehydrogenase, glutathione peroxidase, and alkaline phosphatase were not reported because they were below the limit of detection.

β -Glucuronidase activity of lavage fluid from male and female mice exposed to 18 mg/m³ was greater than that of controls at 12, 18, and 24 months, but not at 6 months. In mice exposed to 6 mg/m³, β -glucuronidase activity was greater than that of controls only at the 24-month interim evaluation. Lactate dehydrogenase and glutathione reductase activities in male and female mice exposed to

TABLE 11
Incidences of Nonneoplastic Lesions and Neoplasms in the Lung of Mice
in the 2-Year Inhalation Study of Talc

	Male			Female		
	0 mg/m ³	6 mg/m ³	18 mg/m ³	0 mg/m ³	6 mg/m ³	18 mg/m ³
6-Month Interim Evaluation						
Lung ^a	4	4	4	4	4	4
Hyperplasia, Macrophage ^b	0	3 (1.0) ^c	4*(1.0)	0	0	4*(1.0)
Inflammation, Chronic Active	0	0	1 (1.0)	0	0	0
12-Month Interim Evaluation						
Lung	4	4	4	3	4	4
Hyperplasia, Macrophage	0	4*(1.0)	4*(1.8)	0	4*(1.0)	4*(2.0)
Inflammation, Chronic Active	0	0	2 (2.0)	0	0	1 (3.0)
18-Month Interim Evaluation						
Lung	4	4	4	4	4	4
Hyperplasia, Macrophage	0	4*(1.3)	4*(2.5)	0	4*(1.3)	4*(2.5)
Inflammation, Chronic Active	0	0	2 (1.5)	0	0	0
Alveolar/bronchiolar Adenoma	0	1	0	1	0	0
Alveolar/bronchiolar Carcinoma	1	0	0	0	0	0
2-Year Study						
Lung	45	47	48	46	48	50
Hyperplasia, Macrophage	3 (2.3)	46**(1.4)	48**(2.8)	2 (2.5)	45**(1.6)	43**(2.8)
Inflammation, Chronic Active	0	16**(1.1)	40**(2.2)	0	25**(1.4)	38**(2.3)
Alveolar Epithelium, Hyperplasia	1 (1.6)	0	0	0	0	1 (1.0)
Alveolar/bronchiolar Adenoma						
Overall rate ^d	6/45 (13%)	4/47 (9%)	9/48 (19%)	3/46 (7%)	2/49 (4%)	2/50 (4%)
Logistic regression ^e	P=0.251	P=0.411N	P=0.371	P=0.467N	P=0.499N	P=0.515N
Alveolar/bronchiolar Carcinoma						
Overall rate	7/45 (16%)	2/47 (4%)	2/48 (4%)	2/46 (4%)	4/49 (8%)	1/50 (2%)
Logistic regression	P=0.069N	P=0.073N	P=0.070N	P=0.325N	P=0.356	P=0.500N
Alveolar/bronchiolar Adenoma or Carcinoma						
Overall rate	12/45 (27%)	5/47 (11%)	11/48 (23%)	5/46 (11%)	6/49 (12%)	3/50 (6%)
Logistic regression	P=0.522N	P=0.043N	P=0.423N	P=0.269N	P=0.519	P=0.367N

* Significantly different (P≤0.05) from the control by Fisher's exact test (interim evaluation) or logistic regression (2-year study)

** P≤0.01

^a Number of animals with lung examined microscopically.

^b Number of animals with lesion.

^c Average severity grades of lesions in affected animals: 1 = minimal, 2 = mild, 3 = moderate, 4 = marked

^d Number of animals with neoplasm per number of mice examined microscopically.

^e Beneath the controls incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between the control and that dosed group. The logistic regression tests regard these lesions as nonfatal. A negative trend or a lower incidence in a dosed group is indicated by N.

Results

47

18 mg/m³ were significantly greater than those of controls at 18 and 24 months. Glutathione activity of males exposed to 18 mg/m³ was also greater than controls at 12 months. Values for total protein in lavage fluid from males and females in the 18 mg/m³ groups were significantly greater than controls at 18 months; at 24 months only that of males was significantly greater.

Significant differences in total and differential cell counts between exposed and control mice were observed only at 18 and 24 months at the high concentration level (Tables G8 to G11). The numbers of total nucleated cells, polymorphonuclear leukocytes, and macrophages were significantly greater in males and females exposed to 18 mg/m³ than in controls. Exposure of mice to 6 or 18 mg/m³ talc produced a concentration-related decrease in phagocytic activity of macrophages derived from lavage fluid (Tables G12 to G14). The number of macrophages containing phagocytized sheep erythrocytes from male and female mice exposed to 18 mg/m³ was significantly lower than that from control mice at 12, 18, and 24 months. Although phagocytic activity of macrophages from mice exposed to 6 mg/m³ was intermediate between controls and the high concentration groups, only the difference between the exposed and control males at 12 months was statistically significant.

The effects of talc exposure on lavage fluid collagenous peptides and total lung collagen are shown in Tables G15 through G18. The amount of collagenous peptides in lavage fluid from male mice exposed to 18 mg/m³ was significantly greater than that of controls at 12, 18, and 24 months, while collagenous peptides of females exposed to 18 mg/m³ were significantly increased only at 24 months. Consistent with these findings, total lung collagen was significantly greater in male mice at the high exposure concentration at 18 and 24 months and in females at 24 months. Collagenous peptides and total lung collagen from mice exposed to 6 mg/m³ were similar to controls at each of the interim evaluations.

The acid and neutral proteinase activity of lung homogenate supernatant fluid and the acid proteinase activity of lavage fluid are shown in Tables G19 through G22. Although there were no consistent exposure-related changes in lavage fluid acid proteinase activity at any of the interim evaluations, acid proteinase activity in supernatant fluid from male and female mice exposed to 18 mg/m³ was significantly greater than controls at 12, 18, and 24 months. The increase in acid proteinase activity was primarily due to cathepsin D-like activity. There were no consistent exposure-related changes in neutral proteinase activity at any of the interim evaluations.

48

Talc, NTP TR 421

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48 of 283

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DISCUSSION AND CONCLUSIONS

Talc ore may contain several other minerals including calcite, dolomite, magnesite, tremolite, anthophyllite, antigorite, quartz, pyrophyllite, micas, or chlorites. Since talc products are sold in a multitude of grades which have physical or functional characteristics especially suited for particular applications, occupational and consumer exposures to talc are complex. Exposure to industrial grade talc is known to cause pulmonary fibrosis, but the limited data on exposure to cosmetic grade talc are conflicting. Recently, epidemiology studies have revealed an association between nonfibrous talc and lung cancer risk (Thomas and Stewart, 1987). Talc was nominated by NIOSH for study by the NTP because of widespread human exposure and because of the lack of adequate information on its chronic toxicity and potential carcinogenicity.

The NTP toxicology and carcinogenicity studies of non-asbestiform, cosmetic grade talc, a finely powdered hydrous magnesium silicate, were conducted by exposing groups of male and female F344/N rats and B6C3F₁ mice to target aerosol concentrations of 0, 6 or 18 mg/m³ talc for 6 hours daily, 5 days per week. Rats were exposed to talc until mortality in any group reached 80% (113 weeks for males and 122 weeks for females). Mice were exposed for 103 or 104 weeks. Exposure concentrations for the long-term studies were based on talc deposition and clearance patterns obtained from 4-week inhalation studies (Hanson *et al.*, 1985). In these studies, the amount of talc retained per unit of lung tissue was 79, 190, or 840 µg/g for male rats and 76, 185, or 770 µg/g for female rats exposed to 2, 6, or 18 mg/m³. The amount of talc retained per unit of lung tissue in mice exposed at the same concentration levels were 130, 330, or 1,140 µg/g for males and 110, 330, or 1,160 µg/g for females. Only rats and mice at the highest exposure level had talc-containing macrophages within the alveolar spaces. Because there was a direct relationship between chamber concentration and lung talc burden and because of histologic evidence of a talc accumulation in alveolar macrophages at the 18 mg/m³ concentration, it was predicted that higher levels would overwhelm lung clearance mechanisms in both species and cause deterioration of lung functions.

Thus, 18 mg/m³ was chosen as the top exposure concentration for the long-term studies.

The overall mean chamber concentrations achieved in the NTP long-term studies were 6.1 and 18.6 mg/m³ for the rat study and 5.9 and 16.7 mg/m³ for the mouse study. The average mass mean aerodynamic diameter of the talc particles was calculated to be 2.7 µm and 3.2 µm for the 6 and 18 mg/m³ rat chambers and 3.3 µm and 3.6 µm for the 6 and 18 mg/m³ mouse chambers, respectively. Seventy-five percent of the talc particles counted in four samples were in the 1 to 3 µm range. It has been shown, using aerosols of monodisperse aluminosilicate particles, in rats that particles larger than 10 µm are nearly all removed by inertial impaction in the nasal chamber or at bifurcation of the airways, while the percentage of particles deposited in the alveolar ducts and alveoli rises from almost zero at 10 µm to about 10% at about 1 µm (Raabe *et al.*, 1977). Thus, the large proportion of talc particles in these NTP studies were in the respirable range.

Because of difficulties with the aerosol concentration monitoring system for the 18 mg/m³ rat chamber, there was a 7-week period beginning at study week 11 during which the chamber concentration for the high-dose rats varied from approximately 30 to 40 mg/m³. Further, there was a 12-week period beginning at approximately week 70 during which there were difficulties in generating the talc aerosol and the chamber concentrations for rats and mice were substantially lower than the target concentrations (Figures H5 to H8). Although the exposure concentrations varied substantially from target concentrations during these periods, this does not preclude drawing conclusions regarding the chronic toxicity and carcinogenicity of talc. Since talc is a relatively inert particle, the amount of talc deposited and retained at the target site (lung talc burden) is a more relevant measure of talc exposure than chamber concentration. The problems with maintaining the target concentrations in the NTP studies did not have any apparent substantive effect on lung talc burdens.

The lung talc burden represents the difference between the amount of talc deposited in the lung and the amount removed by the clearance mechanisms. Inhaled particles deposited on the mucosal surface of the trachea, bronchi, or bronchioles are transported up the airways and from the lung through the ciliary activity of the respiratory epithelium, while particles reaching the alveolar region are phagocytized by alveolar macrophages and, to a lesser extent, other phagocytic inflammatory cells. Some of the alveolar macrophages migrate to the ciliated epithelium of the airways while others cross the alveolar lining to enter the interstitium and finally the lymphatics. Phagocytic cells reaching the lymphatics are transported in the lymph to the bronchial and mediastinal lymph nodes. Depending on the physiochemical properties of the inhaled particles, they may be partially or completely broken down within phagolysosomes of the macrophages and soluble components released from the cell. Talc is insoluble in water, cold acids, and alkalis and is likely to be insoluble in biological fluids. Talc particles were observed within macrophages in the lung and bronchial and mediastinal lymph nodes of rats and mice in these inhalation studies.

The lung talc burden of rats was greater than that of mice at each of the exposure concentrations and interim evaluations. The difference in lung talc burden is most likely related to anatomical and physiological differences known to influence particle deposition and retention including air flow pattern and velocity, respiratory rate, tidal volume, and clearance rate (McMahon *et al.*, 1977; Raabe *et al.*, 1977). The lung talc burdens of exposed rats and mice were generally similar between males and females at each exposure concentration and increased progressively with exposure duration. This indicated that the amount of talc deposited in the lung exceeded the clearance from the lung. The lung talc burden of rats was also generally proportional to exposure concentration at each interim evaluation, indicating that clearance of talc was not substantially impaired by increasing the exposure concentration, or that clearance of talc was impaired similarly at both exposure levels. In contrast, the lung talc burden of mice exposed to 18 mg/m³ was disproportionately greater than that of mice exposed to 6 mg/m³, indicating that clearance of talc from the lung was impaired, or impaired to a greater extent, in mice exposed to the higher concentration.

Analysis of bronchoalveolar lavage fluid has been used in human medicine for diagnosing the type or stage of various forms of interstitial lung disease and

more recently as a rapid *in vivo* method of evaluating lung injury in toxicologic studies (Henderson *et al.*, 1985). Bronchoalveolar lavage was performed on rats and mice exposed to talc to evaluate its usefulness in chronic toxicology studies. Qualitatively similar changes in lavage fluid enzymes and cytology were observed in both species. Increases in neutrophils and total protein in lavage fluid are sensitive indicators of inflammation, and the increases in these parameters in rats and mice exposed to talc are consistent with the inflammation observed histologically in the lungs. Increases in cytoplasmic (lactate dehydrogenase and glutathione reductase) and lysosomal (β -glucuronidase) enzymes, which are indicative of cellular injury, were also observed in both species. Whether lactate dehydrogenase and glutathione reductase were derived from parenchymal cells or inflammatory cells is unknown. The increase in glutathione reductase suggests that cellular injury may have involved an oxidative process involving free radicals produced during phagocytosis.

The phagocytic ability of alveolar macrophages recovered from lavage fluid was not impaired in rats exposed to talc for 24 months, as indicated by the lack of a significant difference in the number of viable macrophages and the percentage of cells phagocytizing sheep erythrocytes in exposed and control rats. In contrast, both the viability and the phagocytic ability of alveolar macrophages from exposed mice were significantly lower than those of macrophages from controls. The percent of macrophages containing phagocytized erythrocytes decreased as aerosol concentration and exposure duration increased. Since alveolar macrophages play a major role in the clearance of particles from the lung, the decreased viability and phagocytic ability of these cells may explain the disproportionately greater lung talc burden in mice exposed to 18 mg/m³ than in mice exposed to 6 mg/m³, and the difference in talc lung burdens between exposed rats and mice.

Due to limitations in chamber size and the number of animals that could be exposed, the numbers of animals utilized in the lung biochemistry studies were generally small. Therefore, some of the apparent inconsistencies in the results of these studies can be attributed to the small sample sizes as well as the biologic variation in pulmonary response among individuals. Despite these limitations, increases in lavage fluid collagenous peptides and total lung collagen were observed in both rats and mice exposed to 18 mg/m³ talc. In rats, these

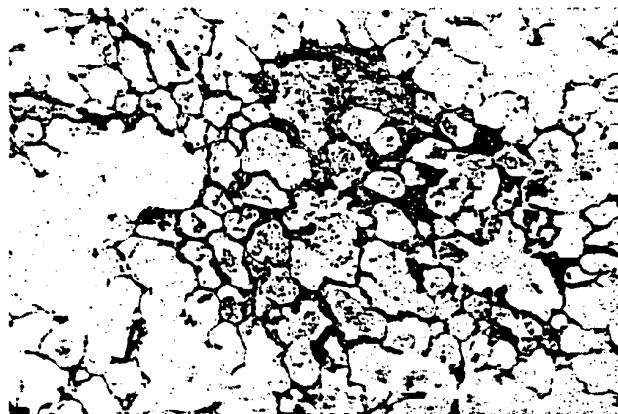


PLATE 1

Mild focal inflammation with thickening of the alveolar septa and distortion of the alveoli in lung of a male F344/N rat exposed to 18 mg/m³ talc at the 18-month interim evaluation of the lifetime inhalation study. H&E, 25X

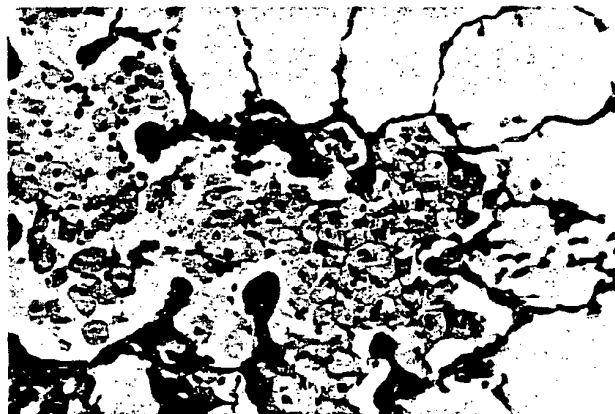


PLATE 2

Lung of a male F344/N rat exposed to 18 mg/m³ talc at the 18-month interim evaluation of the lifetime inhalation study. Note the accumulation of alveolar macrophages with pale granular cytoplasm in the alveolar duct and slight thickening of the septal walls. H&E, 80X

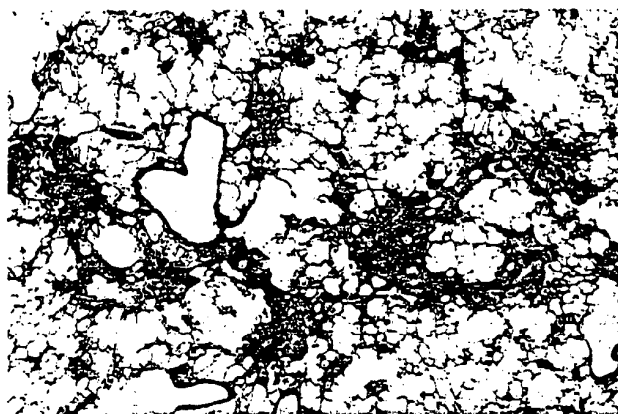


PLATE 3

Individual and confluent foci of interstitial fibrosis extend throughout the pulmonary parenchyma of a male F344/N rat exposed to 18 mg/m³ talc at the 24-month interim evaluation of the lifetime inhalation study. H&E, 6.6X

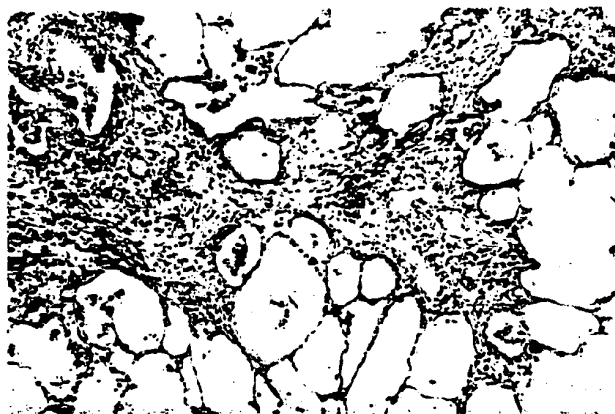


PLATE 4

Higher magnification of Plate 3 showing accumulation of fibrous tissue and interspersed inflammatory cells which obliterate the alveoli. H&E, 33X



PLATE 5

Squamous metaplasia and hyperplasia of the alveolar epithelium adjacent to an area of chronic inflammation and interstitial fibrosis in the lung of a male F344/N rat exposed to 18 mg/m³ talc in the lifetime inhalation study. H&E, 40X

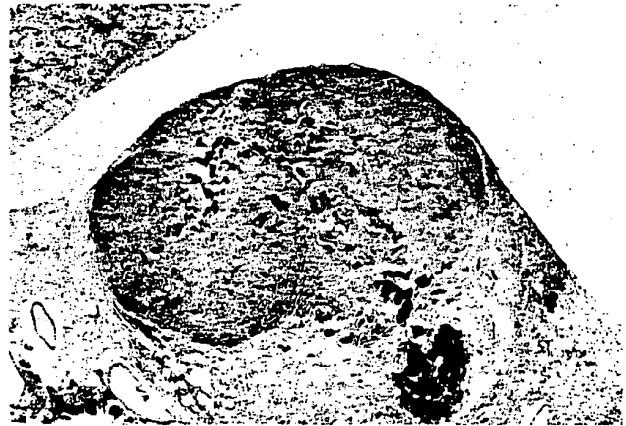


PLATE 6

Alveolar/bronchiolar carcinoma in a male F344/N rat exposed to 18 mg/m³ talc in the lifetime inhalation study. Note the large mass obliterating the pulmonary parenchyma. H&E, 2.5X



PLATE 7

Higher magnification of the alveolar/bronchiolar carcinoma in Plate 6 showing neoplastic epithelium arranged in irregular papillary formations. H&E, 50X

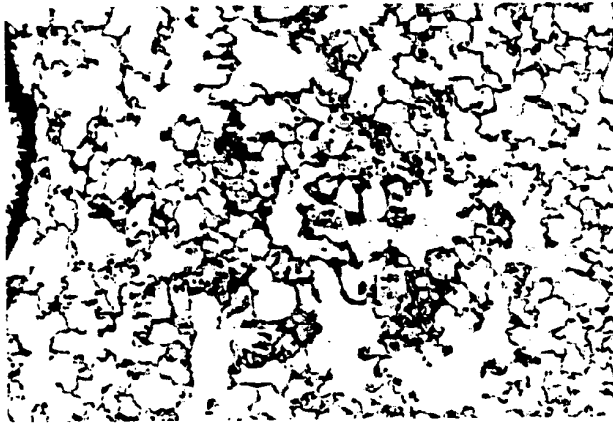


PLATE 8

Minimal focal accumulation of alveolar macrophages in the lung of a male B6C3F₁ mouse exposed to 18 mg/m³ talc at the 12-month interim evaluation of the 2-year inhalation study. H&E, 50X

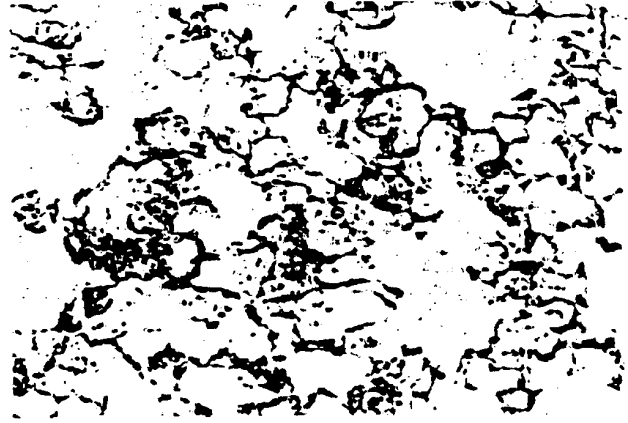


PLATE 9

Mild chronic active inflammation with slight thickening of the alveolar septa in the lung of a female B6C3F₁ mouse exposed to 18 mg/m³ talc in the 2-year inhalation study. H&E, 50X

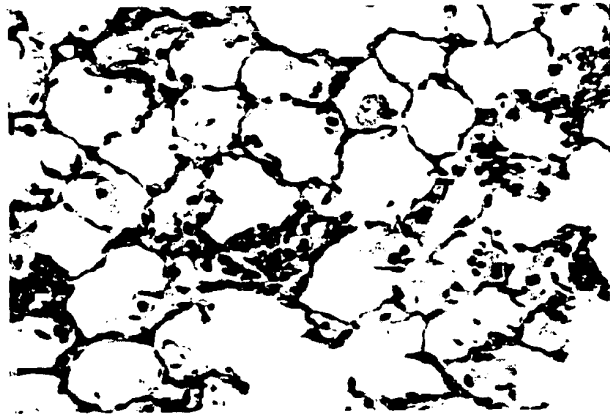


PLATE 10

Alveolar macrophages in alveoli and mononuclear cells in the interstitium of the lung of a male B6C3F₁ mouse exposed to 18 mg/m³ talc in the 2-year inhalation study. H&E, 100X

Discussion and Conclusions

51

changes were also accompanied by increases in noncollagenous protein synthesis (total ^{14}C -proline incorporated into lung tissue minus that incorporated into collagen), and, in females only, an increase in collagen production (% of total ^{14}C -proline incorporated into collagen). Some parameters were also significantly increased in rats exposed to 6 mg/m^3 talc. While these results are consistent with the fibrosis observed histologically in rats, fibrosis was not seen histologically in mice.

Talc exposure was associated with a dose- and time-related impairment of respiratory functions in male and female rats. Although only slight trends were observed at 6 months in rats exposed to 18 mg/m^3 talc, functional alterations in rats at the high concentration were clearly evident after 11 months. In rats exposed to 6 mg/m^3 , decrements in respiratory function were observed in males at 11 months and in males and females at 18 months. The functional impairment was characterized by reduced lung volumes and reduced dynamic and/or quasistatic lung compliance, indicating an increase in elastic recoil (increased lung stiffness). Further, reduced gas exchange efficiency and nonuniform intrapulmonary gas distribution were also observed. These changes are consistent with the multifocal fibrosis and inflammation that was centered around the centriacinar region of the lung.

Deposition of talc in the lungs of rats and mice produced an inflammatory response characterized primarily by the accumulation of alveolar macrophages and, to a lesser extent, neutrophils and monocytes within alveolar lumens. Smaller numbers of lymphocytes and plasma cells were also observed in the interstitial tissue surrounding airways, blood vessels, and alveolar septa. The lesions developed at the junction of the alveolar ducts and terminal bronchioles where particles of the size range used are known to be deposited (Brody and Roe, 1983). Although the inflammatory response was basically similar in rats and mice, there were important species differences. The lesions in rats were generally more extensive and more severe than those in mice at similar exposure concentrations. In rats, foreign body giant cells were occasionally seen and some of the alveolar macrophages developed the morphological characteristics of epithelioid macrophages. More importantly, the inflammatory lesions in rats were accompanied by interstitial fibrosis, hyperplasia of alveolar epithelial type II cells, and, infrequently, squamous metaplasia of the alveolar epithelium.

The differences in pulmonary response cannot be attributed to differences in lung talc burden, since fibrosis and alveolar epithelial hyperplasia were seen in rats exposed to 6 mg/m^3 , which had lung talc burdens less than that of mice exposed to 18 mg/m^3 . Saffiotti and Stinson (1988) have reported similar differences in pulmonary response between rats and mice following intratracheal instillation of silica. These authors found that silica-induced alveolar epithelial hyperplasia in mice was transient, returning to normal within several months, while that in rats was generally more severe and persisted until the end of the study. Since inhalation studies using both rats and mice are seldom performed, it is uncertain if this species difference might exist for other particulate substances.

The difference in pulmonary response between rats and mice may be related, in part, to species differences in reactivity of the alveolar macrophage following phagocytosis of the talc particles. As the principal phagocytic cell of the lung, the alveolar macrophage is believed to play a major role in the inflammatory and fibrogenic reactions to inhaled particles (Brain, 1980; Brody, 1991). Much of the early work in this area centered on the differential cytotoxicity of phagocytized particles, particularly the various crystalline forms of asbestos and silica, to alveolar macrophages and the subsequent release of lysosomal enzymes which have proteolytic, elastolytic, and inflammatory properties (Brody and Davis, 1982; Nathan, 1987). More recently, alveolar macrophages have been shown to produce arachidonic acid metabolites (Kouzan *et al.*, 1985) and various cytokines that regulate cell proliferation, differentiation, and extracellular matrix production (Kelley, 1990). Of particular interest, rat alveolar macrophages exposed to iron spheres and asbestos fibers have been shown to produce increased amounts of a homologue of platelet-derived growth factor (Bonner *et al.*, 1989, 1990), the most potent mitogen known for mesenchymal cells, and TGF- β , a potent inhibitor of mesenchymal cell proliferation and stimulator of matrix production (Kalter *et al.*, 1989). Little is known about the putative role of PDGF and TGF- β and other macrophage-derived products in the pathogenesis of lung disease, but they are likely to be important mediators of many cellular events.

The lesions in the lungs of rats exposed to aerosols of talc are very similar, qualitatively, to those reported to occur following long-term (approximately 2 years) exposure to other inorganic,

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non-fibrous, particulate substances including titanium dioxide (Lee *et al.*, 1985), chromium dioxide (Lee *et al.*, 1988), antimony trioxide and antimony ore concentrate (predominantly antimony trisulfide) (Groth *et al.*, 1986), and volcanic ash (Wehner *et al.*, 1986). Aerosols of each of these particulate substances were reported to elicit pulmonary inflammation, characterized primarily by the accumulation of alveolar macrophages, hyperplasia and squamous metaplasia of the alveolar epithelium, and fibrosis. Since the various components of the pulmonary response were not quantified in these studies, there may be quantitative differences in the degree of inflammation, fibrosis, and cellular degenerative hyperplastic and metaplastic changes to these particulate substances.

The lesions in rats exposed to talc are also similar to those observed in rats exposed to silica, but with important differences. Silica generally produces an inflammatory response that is more pronounced and persistent than the response to the relatively more inert particles like titanium dioxide and talc (Saffiotti and Stinson, 1988; Driscoll *et al.*, 1990). Further, while only occasional multinucleated cells and epithelioid macrophages were seen in the cellular response to talc, rats exposed to silica develop discrete nodular aggregates of epithelioid macrophages with some multinucleated cells more typical of granulomatous inflammation.

The quantitative and qualitative differences in pulmonary toxicity to inhaled particles are likely related to their size, structure (amorphous, crystalline, and/or fibrous), surface chemistry, solubility (or durability), chemistry of soluble components, cytotoxicity, and other factors. While much of the research in this area has focused on asbestos (as well as other fibers) and silica, the same principles are likely to explain the differences in biological activity of other particulate substances. Although a complete discussion of these factors is beyond the scope of this report, some of the evidence is presented here.

A number of studies of the various forms of silicon dioxide have shown that amorphous silica produces the mildest, slowest developing pulmonary changes followed, in ascending order, by quartz, cristobalite and tridymite (Allison, 1977; Hemenway *et al.*, 1986). Amorphous silica generally lacks a detectable crystalline X-ray diffraction pattern, while, of the crystalline forms, quartz has a less ordered symmetry than cristobalite and tridymite. Moreover, stishovite, which lacks the tetrahedral structure of other forms

of silica, also lacks the fibrogenicity and cytotoxicity of the other forms (Brieger and Gross, 1967).

In general, the ability of various forms of silica to elicit pulmonary fibrosis parallels their cytotoxicity *in vitro* to alveolar macrophages (Reiser and Last, 1979). Further, there is a correlation between cytotoxicity and hemolytic activity *in vitro* (Allison, 1977). The biochemical basis of macrophage cytotoxicity and hemolytic activity is not fully understood, but the surface of crystalline silica presents highly reactive hydroxyl groups of silicic acid residues (silanol) that act as proton-donors and may combine with constituents of cellular membranes (Langer and Nolan, 1986). Kaolinite (aluminum silicate), mica (potassium aluminum silicate), and talc (magnesium silicate) are also hemolytic *in vitro* (Narang *et al.*, 1977). Dissolution of silicic acid residues from kaolinite, mica, and talc reduces the toxicity of these particulates, supporting the hypothesis that the reactive hydroxyl groups play an important role in cytotoxicity and hemolytic activity.

Following phagocytosis of silica (Allison, 1977) or kaolinite (Brody and Davis, 1982) particles by alveolar macrophages, hydrolytic enzymes are released from secondary lysosomes apparently as a result of the interaction of the particles with the lysosomal membrane. While the release of lysosomal enzymes into the cytoplasm may be directly responsible for cell death, it is less clear to what extent lysosomal enzymes released from the cells contribute to the other pulmonary lesions. Certainly, the ability to kill alveolar macrophages (cytotoxicity) is likely to inhibit or delay removal of the particles from the lung, increase the lung burden, and allow other biological effects to occur.

As already mentioned, macrophages secrete a large number of molecules with a wide range of biological functions including polypeptide hormones or cytokines, complement components, coagulation factors, arachidonic acid and its metabolites, bioactive lipids (prostaglandins and leukotrienes), binding proteins, enzyme inhibitors, extracellular matrix or cell adhesion proteins, and others (for review see Nathan, 1987). Some, or perhaps many, of the apparent differences in the pulmonary response of rats to the various particulate substances may be related to the extent to which they cause cytotoxicity and nonspecific release of lysosomal enzymes or cause macrophages to secrete specific effector substances like the cytokines and inflammatory mediators.

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Discussion and Conclusions

53

Exposure of female rats to 18 mg/m³ talc was associated with increased incidences of benign and malignant pulmonary neoplasms (alveolar/bronchiolar adenoma: 1/50, 0/48, 9/50; alveolar/bronchiolar carcinoma: 0/50, 0/48, 5/50; squamous cell carcinoma: 0/50, 0/48, 1/50). The overall incidence of alveolar/bronchiolar adenoma or carcinoma (combined) in female rats of the high-concentration group was significantly ($P \leq 0.001$) greater than that of controls (1/50, 0/48, 13/50). The incidence of pulmonary neoplasms in female rats exposed to 18 mg/m³ also greatly exceeds that of control females (8/529, 1.5%) in the NTP lifetime studies reported by Solleveld *et al.* (1984). While comparison with the historical controls from NTP lifetime studies has some limitations (e.g., the studies were conducted about a decade ago and are not contemporary), such a comparison provides some perspective. The increased incidence of pulmonary neoplasms in the 18 mg/m³ female rats was considered clear evidence of carcinogenic activity based on a) the strength of the statistical evidence ($P \leq 0.001$), b) the increase in malignant as well as benign neoplasms, and c) comparison with lifetime historical controls.

In contrast to female rats, there was no increase in the incidence of pulmonary neoplasms in male rats or in male or female mice exposed to talc aerosols. While precise comparisons between studies of talc and other particulate substances cannot be made because of differences in route of administration (intratracheal versus inhalation), strain of rat used, and exposure duration, such comparison provides some perspective (Table 12). The predilection of female rats over male rats for developing pulmonary neoplasms has also been observed in 2-year inhalation studies of titanium dioxide (Lee *et al.*, 1985), chromium dioxide (Lee *et al.*, 1988), antimony trioxide and antimony ore concentrate (predominantly antimony trisulfide) (Groth *et al.*, 1986), volcanic ash (Wehner *et al.*, 1986), and quartz (Dagle *et al.*, 1986). Chromium dioxide, volcanic ash, antimony trioxide, and antimony ore concentrate induced pulmonary neoplasms only in female rats, whereas titanium dioxide and quartz induced pulmonary neoplasms in males and females with a preponderance of neoplasms in females.

The morphological types of neoplasms induced by the particulates in the studies cited above also vary somewhat. The neoplasms in female rats exposed to talc were primarily alveolar/bronchiolar adenomas and carcinomas, although one squamous cell

carcinoma also occurred. In female rats exposed to antimony trioxide or antimony ore concentrate (Groth *et al.*, 1986), there were similar numbers of alveolar/bronchiolar neoplasms and squamous cell carcinomas (Table 12). Further, several scirrhous carcinomas were seen in antimony exposed rats. In female rats exposed to titanium dioxide (Lee *et al.*, 1985), the incidences of alveolar/bronchiolar neoplasms and squamous cell carcinoma were also similar, whereas all but one of the neoplasms in males were alveolar/bronchiolar neoplasms. In contrast, nearly all the pulmonary neoplasms induced by quartz (Dagle *et al.*, 1986), volcanic ash (Wehner *et al.*, 1986) or chromium dioxide (Lee *et al.*, 1988) were squamous cell (epidermoid) carcinomas.

The pathogenesis of pulmonary neoplasms induced by the relatively insoluble particulate substances, such as talc, is currently unknown. Although a genotoxic mechanism cannot be ruled out, there are several facts and lines of evidence to suggest that a direct effect of the particulate on the target cell genome is not involved. First, the insoluble nature of these particulates makes it unlikely that any chemical constituents will reach sufficient concentration to affect the target cells within the relatively short period between the time they are deposited on the alveolar surface and the time they are phagocytized. Further, although occasional alveolar epithelial cells have been observed to contain particles following intratracheal or inhalation exposure (Sorokin and Brian, 1975; Lee *et al.*, 1979), the vast majority of particles are rapidly phagocytized by alveolar macrophages, some within minutes of deposition in the lung (Lauweryns and Baert, 1974). It is also clear that physical characteristics (crystalline structure, fiber dimension) and surface chemistry (presence of reactive groups on the particle surface), rather than soluble chemical components, are principle determinants of tissue reaction, and perhaps for carcinogenicity. The carcinogenicity of many fibrous materials (fiberglass, attapulgite, silicon carbide, mineral wool, and potassium titanate) decreases as fiber diameter exceeds 2.5 μm and as fiber length decreases below 10 μm (Stanton and Wrench, 1972; Stanton *et al.*, 1977).

A potential mechanism for the development of pulmonary neoplasms associated with insoluble particulate substances is that the prolonged stimulus for cell replication, due not only to cell injury but to the release of mitogenic growth factors from alveolar macrophages, provides a favorable

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TABLE 12
Results of Selected Whole Body Inhalation Carcinogenicity Studies of Particulate Materials

Compound and Dose	Study Duration	Species	Effects ^a
Talc at 0, 6, or 18 mg/m ³ (NTP, 1992)	Male: 113 weeks Female: 122 weeks	F344/N rats	Females: alveolar/bronchiolar adenoma (1/50, 0/48, 9/50); alveolar/bronchiolar carcinoma (0/50, 0/48, 5/50); squamous cell carcinoma (0/50, 0/48, 1/50)
Titanium dioxide at 0, 10, 50, or 250 mg/m ³ (Lee <i>et al.</i> , 1985)	104 weeks	CD rats	Females: alveolar/bronchiolar adenoma (0/77, 0/75, 0/74, 13/74); squamous cell carcinoma (0/77, 0/75, 0/74, 13/74)
Titanium tetrachloride at 0, 0.1, 1.0, or 10 mg/m ³ (Lee <i>et al.</i> , 1986)	104 weeks	Crl:CD rats	Females: squamous cell carcinoma (0/77, 0/75, 0/79, 3/75); Males: squamous cell carcinoma (0/79, 0/77, 0/78, 2/75)
Chromium dioxide at 0, 0.5, 0.5 ^b , or 25 mg/m ³ (Lee <i>et al.</i> , 1988)	104 weeks	Sprague-Dawley rats	Females: squamous cell carcinoma (0/106, 0/103, 0/108, 2/108); keratin cyst (0/106, 0/103, 0/108, 6/108)
Antimony trioxide at 0 or 45 mg/m ³ (Groth <i>et al.</i> , 1986)	73 weeks	Wistar rats	Females: alveolar/bronchiolar neoplasms (0/90, 11/90); squamous cell carcinoma (0/90, 9/90); scirrhous carcinoma (0/90, 5/90)
Antimony trisulfide at 0 or 40 mg/m ³ (Groth <i>et al.</i> , 1986)	72 weeks	Wistar rats	Females: alveolar/bronchiolar neoplasms (0/90, 6/90); squamous cell carcinoma (0/90, 9/90); scirrhous carcinoma (0/90, 4/90)
Volcanic ash at 0, 5, or 50 mg/m ³ (Wehner <i>et al.</i> , 1986)	up to 104 weeks	F344 rats	Females: several ^c squamous cell carcinomas in the 50 mg/m ³ group. Male: one squamous cell carcinoma in the 50 mg/m ³ group.
Quartz at 0 or 50 mg/m ³ (Wehner <i>et al.</i> , 1986)	up to 104 weeks	F344 rats	Females: moderate ^c numbers of squamous cell carcinomas in the 50 mg/m ³ group. Males: one squamous cell carcinoma in the 50 mg/m ³ group.

^a Tumor incidences are given as the number of animals with tumor per number of animals examined. The incidences are given in the order of increasing exposure concentration.

^b This dose represents unstabilized chromium dioxide; the other doses represent stabilized chromium dioxide.

^c Precise numbers not available in journal article.

environment for the promotion and progression of spontaneously initiated cells. The interim evaluations in the NTP talc study clearly demonstrate a progressive impairment of homeostatic growth regulation in the areas of chronic inflammation and fibrosis associated with talc deposition in rats. Hyperplasia of the alveolar epithelium was evident at 6 months and became more extensive and severe with duration of exposure. Not only were there increased numbers of cells (hyperplasia), but some cells assumed morphologic features atypical of regenerating or differentiated type II cells (epithelial dysplasia). The altered or dysplastic epithelium was particularly evident in areas of

fibrosis. The squamous metaplasia observed in female rats also represents altered differentiation of populations of alveolar epithelial cells and is notable in light of the development of squamous cysts and squamous cell carcinomas.

The lack of a carcinogenic effect in male rats or in mice exposed to talc aerosols does not negate the possibility of a mechanism as described above. First, the difference between male and female rats may be one of magnitude rather than an absolute difference in effect. The influence of the length of exposure on the development of these late appearing lung neoplasms cannot be discounted; the length of

Discussion and Conclusions

55

exposure was 113 weeks for males and 122 weeks for females. Further, the promotion and progression of neoplasia involve a complex series of molecular events that are likely to differ qualitatively or quantitatively in males and females. Clearly, there are sex differences in the incidence of spontaneous and chemically induced neoplasms. As for mice exposed to talc, there was no histologic evidence of impaired growth regulation or fibrosis, consistent with the mechanism proposed above.

Pheochromocytomas (benign, malignant, or complex) of the adrenal medulla occurred with significant positive trends in both male and female rats exposed to talc (males: 26/49, 32/48, 37/47; females: 13/48, 14/47, 23/49). Further, the numbers of male and female rats with bilateral pheochromocytomas were also increased in the exposed groups. The overall incidences of this neoplasm in the 18 mg/m³ exposure groups were significantly greater than those of the controls. Comparison with historical controls of NTP lifetime studies is not considered relevant, since there has been a pronounced increase in the spontaneous occurrence of pheochromocytomas in male rats in studies conducted by the NTP over the last 10 years (Rao *et al.*, 1990).

In contrast to the pheochromocytomas, the incidences of adrenal medulla hyperplasia in exposed male rats were lower than in controls, and the incidences were similar in all female groups. Because of the small size of the adrenal medulla, pheochromocytomas tend to obscure much or all of the remaining tissue. Therefore, the lower incidences of hyperplasia in groups of exposed males can be attributed, in part, to the larger number of pheochromocytomas.

While the increased incidences of pheochromocytomas in male rats were exposure related, it was believed to represent some, rather than clear, evidence of carcinogenic activity because a) the increase was associated primarily with benign neoplasms and b) there was no supporting increase in the incidence of hyperplasia. The increased incidence of pheochromocytomas in female rats was also exposure related.

Although the strength of the statistical association indicates that the pheochromocytomas are exposure related, a plausible mechanism for their increased occurrence in rats exposed to talc aerosols is not readily apparent. Since talc is relatively insoluble, it is extremely unlikely that any soluble components could have reached concentrations high enough in

the blood to affect the adrenal medulla cells. Although purely speculative, there are two general hypotheses that might be considered. First, the increased incidence of adrenal pheochromocytomas may be a nonspecific effect of stress as a result of the chronic pulmonary inflammation. The body is known to respond to an exogenous challenge such as injury, inflammation, or infection by a set of distinct physiologic, metabolic, and endocrine changes including increases in serum adrenocorticotrophic hormone and cortisone levels, growth hormone, and catecholamine synthesis. Further, the adrenal medulla, as a modified sympathetic ganglia, reacts to neural as well as hormonal stimuli in the secretion of catecholamines. While prolonged stimulus of secretion is coupled with cellular hypertrophy and hyperplasia (cell proliferation) in many endocrine tissues, it is unknown if this occurs in the adrenal medulla. Moreover, if prolonged stress were to increase the rate of occurrence or growth of medullary proliferative lesions, similar exposure-related increases in pheochromocytoma incidence might be expected in other chronic toxicity and carcinogenicity studies. This has not generally been the case. Exposure-related increased incidences of pheochromocytoma were either not observed or not reported in the 2-year inhalation studies of other particulate substances reported above.

A second hypothesis to consider is that cytokines (growth factors), released from macrophages or other cells in the lung, might be responsible for increasing the rate of growth of pheochromocytomas. Although alveolar macrophages have been shown to secrete a number of cytokines known to stimulate proliferation of a variety of cell types, cytokines are generally believed to affect cells only in close proximity within the same organ. However, it has recently been shown that measurable levels of hepatocyte growth factor are present in the plasma after two-thirds hepatectomy (Lindroos *et al.*, 1992). Thus, some cytokines or growth factors may have wider effects than currently known.

CONCLUSIONS

Under the conditions of these inhalation studies, there was *some evidence of carcinogenic activity** of talc in male F344/N rats based on an increased incidence of benign and malignant pheochromocytomas of the adrenal gland. There was *clear evidence of carcinogenic activity* of talc in female F344/N rats based on increased incidences of alveolar/bronchiolar adenomas and carcinomas of

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the lung and benign and malignant pheochromocytomas of the adrenal gland. There was *no evidence of carcinogenic activity* of talc in male or female B6C3F₁ mice exposed to 6 or 18 mg/m³.

The principal toxic lesions associated with inhalation exposure to talc in rats included chronic granulomatous inflammation, alveolar epithelial hyperplasia, squamous metaplasia and squamous cysts, and

interstitial fibrosis of the lung. These lesions were accompanied by impaired pulmonary function characterized primarily by reduced lung volumes, reduced dynamic and/or quasistatic lung compliance, reduced gas exchange efficiency, and nonuniform intrapulmonary gas distribution. In mice, inhalation exposure to talc produced chronic inflammation of the lung with the accumulation of alveolar macrophages.

* Explanation of Levels of Evidence of Carcinogenic Activity is on page 9.

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61

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A-1

APPENDIX A SUMMARY OF LESIONS IN MALE RATS IN THE LIFETIME INHALATION STUDY OF TALC

TABLE A1	Summary of the Incidence of Neoplasms in Male Rats in the Lifetime Inhalation Study of Talc	A-2
TABLE A2	Individual Animal Tumor Pathology of Male Rats in the Lifetime Inhalation Study of Talc	A-6
TABLE A3	Statistical Analysis of Primary Neoplasms in Male Rats in the Lifetime Inhalation Study of Talc	A-24
TABLE A4	Summary of the Incidence of Nonneoplastic Lesions in Male Rats in the Lifetime Inhalation Study of Talc	A-28

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A-2

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TABLE A1
Summary of the Incidence of Neoplasms in Male Rats in the Lifetime Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Disposition Summary			
Animals initially in study	50	50	50
Early deaths			
Moribund	23	19	20
Natural deaths	18	17	14
Survivors			
Died last week of study	1	2	3
Terminal sacrifice	8	12	13
Animals examined microscopically	49	50	50
Alimentary System			
Intestine large, cecum	(42)	(38)	(37)
Intestine large, colon	(43)	(43)	(46)
Intestine small, duodenum	(48)	(44)	(46)
Intestine small, ileum	(39)	(34)	(35)
Intestine small, jejunum	(40)	(38)	(40)
Liver	(49)	(50)	(48)
Neoplastic nodule			1 (2%)
Neoplastic nodule, multiple	2 (4%)	1 (2%)	3 (6%)
Osteosarcoma, metastatic, multiple, bone	1 (2%)		
Hepatocyte, adenoma		1 (2%)	
Mesentery	(2)		(1)
Pancreas	(48)	(46)	(47)
Salivary glands	(49)	(50)	(50)
Fibroma		1 (2%)	
Stomach, forestomach	(49)	(47)	(47)
Fibrosarcoma			1 (2%)
Stomach, glandular	(49)	(47)	(47)
Fibrosarcoma			1 (2%)
Cardiovascular System			
Heart	(49)	(50)	(50)
Endocrine System			
Adrenal gland, cortex	(49)	(49)	(48)
Adrenal gland, medulla	(49)	(48)	(47)
Osteosarcoma, metastatic, uncertain primary site			1 (2%)
Pheochromocytoma malignant	2 (4%)	3 (6%)	6 (13%)
Pheochromocytoma complex		2 (4%)	1 (2%)
Pheochromocytoma benign	13 (27%)	9 (19%)	20 (43%)
Bilateral, pheochromocytoma malignant	1 (2%)		1 (2%)
Bilateral, pheochromocytoma benign	12 (24%)	21 (44%)	16 (34%)
Islets, pancreatic	(47)	(41)	(43)
Adenoma	1 (2%)		2 (5%)
Carcinoma	1 (2%)		
Parathyroid gland	(45)	(45)	(46)
Adenoma		1 (2%)	
Pituitary gland	(47)	(50)	(49)
Pars distalis, adenoma	12 (26%)	11 (22%)	10 (20%)
Pars distalis, carcinoma		1 (2%)	
Pars intermedia, adenoma			2 (4%)

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Lesions in Male Rats

A-3

TABLE A1
Summary of the Incidence of Neoplasms in Male Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Endocrine System (continued)			
Thyroid gland	(45)	(46)	(46)
C-cell, adenoma	3 (7%)	4 (9%)	3 (7%)
C-cell, carcinoma		1 (2%)	
Follicular cell, adenoma			1 (2%)
General Body System			
Tissue NOS	(1)	(1)	
Pheochromocytoma malignant, metastatic, adrenal gland		1 (100%)	
Genital System			
Epididymis	(49)	(50)	(49)
Preputial gland	(48)	(49)	(48)
Adenoma	1 (2%)	1 (2%)	1 (2%)
Carcinoma	1 (2%)	6 (12%)	1 (2%)
Prostate	(49)	(45)	(48)
Seminal vesicle	(49)	(48)	(47)
Testes	(49)	(50)	(50)
Bilateral, interstitial cell, adenoma	18 (37%)	24 (48%)	24 (48%)
Interstitial cell, adenoma	13 (27%)	15 (30%)	12 (24%)
Hematopoietic System			
Bone marrow	(48)	(48)	(47)
Lymph node	(49)	(50)	(50)
Lymph node, bronchial	(41)	(48)	(49)
Lymph node, mandibular	(46)	(48)	(47)
Lymph node, mediastinal	(48)	(49)	(47)
Lymph node, mesenteric	(49)	(48)	(47)
Spleen	(49)	(50)	(48)
Fibrosarcoma	1 (2%)		
Fibrous histiocytoma		1 (2%)	
Osteosarcoma, metastatic, bone	1 (2%)		
Thymus	(48)	(40)	(43)
Thymoma malignant	1 (2%)		
Integumentary System			
Mammary gland	(45)	(48)	(50)
Adenocarcinoma	1 (2%)		
Skin	(48)	(50)	(50)
Basosquamous tumor malignant			1 (2%)
Fibroma		2 (4%)	
Fibrous histiocytoma			1 (2%)
Keratoacanthoma		2 (4%)	2 (4%)
Neurofibroma		1 (2%)	
Squamous cell carcinoma		1 (2%)	
Subcutaneous tissue, fibroma		1 (2%)	
Subcutaneous tissue, fibrosarcoma		1 (2%)	
Subcutaneous tissue, schwannoma malignant	1 (2%)		

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A-4

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TABLE A1
Summary of the Incidence of Neoplasms in Male Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Musculoskeletal System			
Bone	(49)	(50)	(50)
Pelvis, osteosarcoma		1 (2%)	
Scapula, osteosarcoma	1 (2%)		1 (2%)
Vertebra, osteosarcoma			
Skeletal muscle	(1)		
Nervous System			
Brain	(49)	(50)	(50)
Astrocytoma malignant	1 (2%)		
Respiratory System			
Lung	(49)	(50)	(50)
Alveolar/bronchiolar adenoma		1 (2%)	1 (2%)
Alveolar/bronchiolar carcinoma, multiple			1 (2%)
Fibrosarcoma, metastatic, salivary glands	1 (2%)		
Osteosarcoma, metastatic		1 (2%)	
Osteosarcoma, metastatic, uncertain primary site			1 (2%)
Osteosarcoma, metastatic, multiple, bone	1 (2%)		
Nose	(49)	(48)	(47)
Chondroma	1 (2%)		
Sarcoma		1 (2%)	
Special Senses System			
None			
Urinary System			
Kidney	(49)	(49)	(48)
Renal tubule, carcinoma	2 (4%)		
Urinary bladder	(49)	(48)	(47)
Papilloma	1 (2%)		
Systemic Lesions			
Multiple organs ^b	(49)	(50)	(50)
Leukemia mononuclear	24 (49%)	21 (42%)	23 (46%)
Lymphoma malignant lymphocytic	1 (2%)		
Mesothelioma benign	1 (2%)		
Mesothelioma malignant			1 (2%)

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Lesions in Male Rats

A-5

TABLE A1
Summary of the Incidence of Neoplasms in Male Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Tumor Summary			
Total animals with primary neoplasms ^c	48	49	50
Total primary neoplasms	116	135	137
Total animals with benign neoplasms	42	45	45
Total benign neoplasms	78	96	98
Total animals with malignant neoplasms	34	33	33
Total malignant neoplasms	38	39	39
Total animals with metastatic neoplasms	2	2	1
Total metastatic neoplasms	4	2	2
Total animals with malignant neoplasms, uncertain primary site			1

^a Incidences are expressed as the ratio of animals with lesions to the number of animals examined microscopically at the site.

^b Number of animals with any tissue examined microscopically

^c Primary tumors: all tumors except metastatic tumors

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A-6

TABLE A2
Individual Animal Tumor Pathology of Male Rats in the Lifetime Inhalation Study of Talc: 0 mg/m³

Number of Days on Study	3	3	4	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
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+: Tissue examined microscopically
A: Autolysis precludes examination

M: Missing tissue
I: Insufficient tissue

X: Lesion present
Blank: Not examined

NOT FOR DISTRIBUTION OR ATTRIBUTION

Board Draft

A-7

[illegible]

NOT FOR DISTRIBUTION OR ATTRIBUTION

A-8

Talc, NTP TR 421

TABLE A2
Individual Animal Tumor Pathology of Male Rats in the Lifetime Inhalation Study of Talc: 0 mg/m³ (continued)

Number of Days on Study	3	3	4	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7
	3	6	2	5	6	8	9	9	2	2	3	3	5	5	7	8	8	9	0	0	0	0	2	3
	4	0	9	1	8	6	0	3	2	8	1	5	0	6	0	2	2	8	0	0	4	9	4	9
Carcass ID Number	3	3	3	3	4	2	2	3	3	4	3	3	3	4	3	3	3	3	3	3	3	3	2	4
	6	0	6	4	1	9	9	1	8	2	3	4	6	1	4	4	4	1	1	8	9	1	9	1
	1	0	8	0	3	4	5	8	7	0	9	2	3	8	5	3	8	7	6	5	0	3	6	4
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
General Body System																								
Tissue NOS	+																							
Genital System																								
Epididymis	+																							
Preputial gland	+																							
Adenoma	X																							
Carcinoma	X																							
Prostate	+																							
Seminal vesicle	+																							
Testes	+																							
Bilateral, interstitial cell, adenoma	X																							
Interstitial cell, adenoma	X																							
Hematopoietic System																								
Bone marrow	+																							
Lymph node	+																							
Lymph node, bronchial	+																							
Lymph node, mandibular	+																							
Lymph node, mediastinal	+																							
Lymph node, mesenteric	+																							
Spleen	+																							
Fibrosarcoma	X																							
Osteosarcoma, metastatic, bone	X																							
Thymus	+																							
Thymoma malignant	X																							
Integumentary System																								
Mammary gland	M																							
Adenocarcinoma	M																							
Skin	M																							
Subcutaneous tissue, schwannoma malignant	X																							
Musculoskeletal System																								
Bone	+																							
Scapula, osteosarcoma	X																							
Skeletal muscle	+																							

NOT FOR DISTRIBUTION OR ATTRIBUTION

Board Draft

A-9

[illegible]

NOT FOR DISTRIBUTION OR ATTRIBUTION

A-10

Talc, NTP TR 421

TABLE A2
Individual Animal Tumor Pathology of Male Rats in the Lifetime Inhalation Study of Talc: 0 mg/m³ (continued)

Number of Days on Study	3 3 4 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 7 7 7 7 7 7
	3 6 2 5 6 8 9 9 2 2 3 3 5 5 7 8 8 9 0 0 0 0 2 3
	4 0 9 1 8 6 0 3 2 8 1 5 0 6 0 2 2 8 0 0 4 9 4 9
Carcass ID Number	3 3 3 3 4 2 2 3 3 4 3 3 4 3 3 3 3 3 3 3 3 2 4
	6 0 6 4 1 9 9 1 8 2 3 4 6 1 4 4 4 1 1 8 9 1 9 1
	1 0 8 0 3 4 5 8 7 0 9 2 3 8 5 3 8 7 6 5 0 3 6 4
	1 1
Nervous System	
Brain	+ +
Astrocytoma malignant	
Respiratory System	
Larynx	+ 1 +
Lung	+ +
Fibrosarcoma, metastatic, salivary glands	
Osteosarcoma, metastatic, multiple, bone	X
Nose	+ +
Chondroma	X
Trachea	+ +
Special Senses System	
Eye	+ +
Urinary System	
Kidney	+ +
Renal tubule, carcinoma	
Urinary bladder	+ +
Papilloma	
Systemic Lesions	
Multiple organs	+ +
Leukemia mononuclear	X X
Lymphoma malignant lymphocytic	
Mesothelioma benign	X

NOT FOR DISTRIBUTION OR ATTRIBUTION

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A-12

Talc, NTP TR 421

TABLE A2
Individual Animal Tumor Pathology of Male Rats in the Lifetime Inhalation Study of Talc: 6 mg/m³

	1	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7			
Number of Days on Study	8	2	2	4	5	7	9	9	0	1	3	4	5	5	6	7	7	9	1	2	2	3	3	4	4		
	6	7	9	4	8	3	3	3	4	1	3	8	0	7	3	3	7	0	5	2	8	4	9	0	1		
Carcass ID Number	0	0	1	0	1	0	0	1	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0	1		
	0	2	0	5	0	0	4	0	7	1	7	2	6	3	5	0	0	5	0	1	8	9	8	5	2		
	6	9	7	9	5	4	9	3	3	1	9	8	0	1	7	0	3	3	2	2	3	7	4	6	4		
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
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Alimentary System																											
Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Intestine large	+	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	A	+	+	+	+		
Intestine large, cecum	+	+	+	A	+	+	+	+	+	+	A	A	A	+	+	A	+	+	+	+	A	+	+	+	A		
Intestine large, colon	+	+	+	A	+	+	+	+	+	+	A	A	+	+	+	A	+	+	+	+	A	+	+	+	+		
Intestine large, rectum	+	+	+	A	+	M	+	+	+	M	+	A	+	+	+	A	+	+	+	+	A	+	+	+	+		
Intestine small	+	+	+	A	+	+	+	+	+	+	A	A	+	+	+	A	+	+	+	+	A	+	+	+	+		
Intestine small, duodenum	+	+	+	A	+	+	+	+	+	+	A	A	+	+	+	A	+	+	+	+	A	+	+	+	+		
Intestine small, ileum	+	+	+	A	+	+	+	+	+	+	A	A	+	+	+	A	+	+	+	+	A	+	+	+	A		
Intestine small, jejunum	+	+	+	A	+	+	+	+	+	+	A	A	+	+	+	A	+	+	+	+	A	+	+	+	A		
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Neoplastic nodule, multiple																											
Hepatocyte, adenoma																											
Pancreas	+	+	+	A	+	+	+	+	+	+	A	A	+	+	+	+	+	+	+	A	+	+	+	+	+		
Salivary glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Fibroma																											
Stomach	+	+	+	A	+	+	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+		
Stomach, forestomach	+	+	+	A	+	+	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+		
Stomach, glandular	+	+	+	A	+	+	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+		
<hr/>																											
Cardiovascular System																											
Blood vessel										+																	
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
<hr/>																											
Endocrine System																											
Adrenal gland	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Adrenal gland, cortex	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Adrenal gland, medulla	+	+	+	+	+	+	+	+	+	+	A	+	I	+	+	+	+	+	+	+	+	+	+	+	+		
Pheochromocytoma malignant				X																							
Pheochromocytoma complex					X																						
Pheochromocytoma benign					X						X				X	X				X							
Bilateral, pheochromocytoma benign						X	X												X	X		X					
Islets, pancreatic	+	+	+	A	+	+	+	+	+	+	A	A	+	+	+	M	+	+	+	A	+	+	M	+	+		
Parathyroid gland	+	+	+	+	+	+	M	+	+	+	+	M	M	+	+	+	+	+	+	+	+	+	+	+	+		
Adenoma																			X								
Pituitary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Pars distalis, adenoma					X												X				X	X					
Pars distalis, carcinoma																											
Thyroid gland	+	+	+	A	+	+	+	+	+	+	A	A	+	+	A	+	+	+	+	+	+	+	+	+	+		
C-cell, adenoma																											
C-cell, carcinoma																											

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A-14

Talc, NTP TR 421

TABLE A2
Individual Animal Tumor Pathology of Male Rats in the Lifetime Inhalation Study of Talc: 6 mg/m³ (continued)

	1	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	
Number of Days on Study	8	2	2	4	5	7	9	9	0	1	3	4	5	5	6	7	7	9	1	2	2	3	3	4	4
	6	7	9	4	8	3	3	3	4	1	3	8	0	7	3	3	7	0	5	2	8	4	9	0	1
Carcass ID Number	0	0	1	0	1	0	0	1	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0	1
	0	2	0	5	0	0	4	0	7	1	7	2	6	3	5	0	0	5	0	1	8	9	8	5	2
	6	9	7	9	5	4	9	3	3	1	9	8	0	1	7	0	3	3	2	2	3	7	4	6	4
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
General Body System																									
Tissue NOS																									+
Pheochromocytoma malignant, metastatic, adrenal gland																									X
Genital System																									
Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Preputial gland	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma																									
Carcinoma																									X X
Prostate	+	+	+	M	+	+	+	+	M	+	M	+	M	+	+	+	+	+	+	+	+	+	+	+	A
Seminal vesicle	+	+	+	M	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Testes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Bilateral, interstitial cell, adenoma									X		X	X				X	X	X			X	X		X	X
Interstitial cell, adenoma					X	X			X					X		X				X					
Hematopoietic System																									
Bone marrow	+	+	+	+	+	+	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymph node	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymph node, bronchial	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+
Lymph node, mandibular	+	+	+	+	+	+	+	+	+	+	I	+	+	+	+	+	+	+	+	+	I	+	+	+	+
Lymph node, mediastinal	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymph node, mesenteric	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibrous histiocytoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Thymus	+	+	+	M	+	+	+	+	+	+	M	+	+	+	+	M	+	+	+	+	+	+	I	+	+
Integumentary System																									
Mammary gland	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibroma																X									
Keratoacanthoma																	X								
Neurofibroma																									
Squamous cell carcinoma																									
Subcutaneous tissue, fibroma																									
Subcutaneous tissue, fibrosarcoma																									

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A-15

	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8
Number of Days on Study	4	4	5	5	6	6	8	8	8	8	9	9	9	9	9	9	9	9	9	0	0	0	0	0	0	0	0
	6	7	7	9	1	2	0	1	3	7	1	9	9	9	9	9	9	9	9	0	0	0	0	0	0	0	0
Carcass ID Number	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1
	2	3	9	3	2	0	5	5	2	0	3	0	3	3	3	5	7	7	0	7	9	2	2	2	2	3	3
	6	2	8	2	6	4	1	0	8	5	4	1	0	5	6	2	4	5	8	8	9	1	5	9	0	0	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
General Body System																											
Tissue NOS																											1
Pheochromocytoma malignant, metastatic, adrenal gland																											1
Genital System																											
Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Preputial gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Adenoma																											1
Carcinoma																											6
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
Seminal vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Testes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Bilateral, interstitial cell, adenoma	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	24
Interstitial cell, adenoma							X	X	X	X	X		X	X	X		X										15
Hematopoietic System																											
Bone marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Lymph node	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Lymph node, bronchial	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Lymph node, mandibular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Lymph node, mediastinal	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Lymph node, mesenteric	+	+	+	+	+	I	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Spleen	+	+	+	+																							

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A-16

Talc, NTP TR 421

TABLE A2
Individual Animal Tumor Pathology of Male Rats in the Lifetime Inhalation Study of Talc: 6 mg/m³ (continued)

Number of Days on Study	1 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 7 7 7 7 7 7 7
	8 2 2 4 5 7 9 9 0 1 3 4 5 5 6 7 7 9 1 2 2 3 3 4 4
	6 7 9 4 8 3 3 3 4 1 3 8 0 7 3 3 7 0 5 2 8 4 9 0 1
Carcass ID Number	0 0 1 0 1 0 0 1 0 0 0 1 0 0 0 1 0 0 1 0 0 0 0 0 1
	0 2 0 5 0 0 4 0 7 1 7 2 6 3 5 0 0 5 0 1 8 9 8 5 2
	6 9 7 9 5 4 9 3 3 1 9 8 0 1 7 0 3 3 2 2 3 7 4 6 4
	1 1
Musculoskeletal System	
Bone	+ +
Pelvis, osteosarcoma	X
Nervous System	
Brain	+ +
Respiratory System	
Larynx	+ +
Lung	+ +
Alveolar/bronchiolar adenoma	
Osteosarcoma, metastatic	X
Nose	+ + + + + + + + + + A + + + + + + + + + + + +
Sarcoma	X
Trachea	+ +
Special Senses System	
Eye	+
Urinary System	
Kidney	+ + + A + + + + + + + + + + + + + + + + + +
Urinary bladder	+ + + + + + + + + + A + + + + + + + + + + + +
Systemic Lesions	
Multiple organs	+ +
Leukemia mononuclear	X X X X X X X X X X X X X X X X X X

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A-18

Talc, NTP TR 421

TABLE A2
Individual Animal Tumor Pathology of Male Rats in the Lifetime Inhalation Study of Talc: 18 mg/m³

Number of Days on Study	2	4	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7
	4	9	0	9	0	0	1	1	1	1	2	3	4	5	5	5	7	8	9	9	0	0	1	2	3
	8	2	0	4	7	9	4	5	5	7	8	4	5	1	1	3	6	3	7	8	1	5	9	2	7
Carcass ID Number	2	1	2	1	2	1	1	1	2	2	1	2	2	2	2	2	2	1	1	2	1	2	1	1	1
	1	4	0	7	4	7	7	4	2	6	9	1	5	0	2	6	7	2	7	5	2	5	5	5	7
	9	5	3	7	4	4	5	9	4	6	5	7	1	2	7	7	0	6	6	2	5	1	2	0	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alimentary System																									
Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine large	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine large, cecum	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	A	+	+	+	+
Intestine large, colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine large, rectum	+	M	M	A	+	+	+	+	+	+	M	+	A	+	+	+	+	+	+	M	M	M	M	+	M
Intestine small	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine small, duodenum	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine small, ileum	M	A	A	A	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	A	A	A	+	+	+
Intestine small, jejunum	+	A	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Neoplastic nodule																									
Neoplastic nodule, multiple																									
Mesentery																									
Pancreas	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Salivary glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, forestomach	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma																									
Stomach, glandular	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma																									
Tongue																									
Cardiovascular System																									
Blood vessel					+									+							+				
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Endocrine System																									
Adrenal gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adrenal gland, cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adrenal gland, medulla	+	+	+	M	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Osteosarcoma, metastatic, uncertain primary site																									
Pheochromocytoma malignant																									
Pheochromocytoma complex																									
Pheochromocytoma benign																									
Bilateral, pheochromocytoma malignant																									
Bilateral, pheochromocytoma benign																									
Islets, pancreatic	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma																									
Parathyroid gland	M	+	+	+	+	+	+	+	+	I	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M
Pituitary gland	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pars distalis, adenoma																									
Pars intermedia, adenoma																									
Thyroid gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
C-cell, adenoma																									
Follicular cell, adenoma																									

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A-21

[illegible]

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A-22

Talc, NTP TR 421

TABLE A2
Individual Animal Tumor Pathology of Male Rats in the Lifetime Inhalation Study of Talc: 18 mg/m³ (continued)

Number of Days on Study	2	4	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7			
	4	9	0	9	0	0	1	1	1	1	2	3	4	5	5	5	7	8	9	9	0	0	1	2	3		
	8	2	0	4	7	9	4	5	5	7	8	4	5	1	1	3	6	3	7	8	1	5	9	2	7		
Carcass ID Number	2	1	2	1	2	1	1	1	2	2	1	2	2	2	2	2	2	1	1	2	1	2	1	1	1		
	1	4	0	7	4	7	7	4	2	6	9	1	5	0	2	6	7	2	7	5	2	5	5	5	7		
	9	5	3	7	4	4	5	9	4	6	5	7	1	2	7	7	0	6	6	2	5	1	2	0	2		
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Nervous System																											
Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Spinal cord	+																										
Respiratory System																											
Larynx	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Alveolar/bronchiolar adenoma																											
Alveolar/bronchiolar carcinoma, multiple																											
Osteosarcoma, metastatic, uncertain primary site	X																										
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Special Senses System																											
Eye	+																										
Urinary System																											
Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Ureter																											
Urethra																											
Urinary bladder	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Systemic Lesions																											
Multiple organs	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Leukemia mononuclear	X				X	X	X	X	X	X				X	X	X	X		X		X		X				
Mesothelioma malignant																											

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A-24

Talc, NTP TR 421

TABLE A3

Statistical Analysis of Primary Neoplasms in Male Rats in the Lifetime Inhalation Study of Talc

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Adrenal Medulla: Benign Pheochromocytoma			
Overall rates ^a	25/49 (51%)	30/48 (63%)	36/47 (77%)
Adjusted rates ^b	87.6%	90.2%	100.0%
Terminal rates ^c	6/9 (67%)	11/14 (79%)	16/16 (100%)
First incidence (days)	429	558	614
Life table tests ^d	P=0.434	P=0.515N	P=0.499
Logistic regression tests ^d	P=0.007	P=0.213	P=0.009
Cochran-Armitage test ^d	P=0.007		
Fisher exact test ^e		P=0.175	P=0.008
Adrenal Medulla: Malignant Pheochromocytoma			
Overall rates	3/49 (6%)	3/48 (6%)	7/47 (15%)
Adjusted rates	17.2%	15.2%	31.5%
Terminal rates	1/9 (11%)	1/14 (7%)	3/16 (19%)
First incidence (days)	670	544	645
Life table tests	P=0.242	P=0.552N	P=0.376
Logistic regression tests	P=0.096	P=0.662	P=0.178
Cochran-Armitage test	P=0.083		
Fisher exact test		P=0.651	P=0.142
Adrenal Medulla: Benign, Malignant, or Complex Pheochromocytoma			
Overall rates	26/49 (53%)	32/48 (67%)	37/47 (79%)
Adjusted rates	91.7%	93.6%	100.0%
Terminal rates	7/9 (78%)	12/14 (86%)	16/16 (100%)
First incidence (days)	429	544	614
Life table tests	P=0.483	P=0.549N	P=0.539
Logistic regression tests	P=0.007	P=0.147	P=0.006
Cochran-Armitage test	P=0.007		
Fisher exact test		P=0.123	P=0.007
Liver: Hepatocellular Adenoma or Neoplastic Nodule			
Overall rates	2/49 (4%)	2/50 (4%)	4/48 (8%)
Adjusted rates	11.2%	14.3%	14.9%
Terminal rates	0/9 (0%)	2/14 (14%)	1/16 (6%)
First incidence (days)	698	799 (T)	615
Life table tests	P=0.359	P=0.586N	P=0.434
Logistic regression tests	P=0.248	P=0.661N	P=0.333
Cochran-Armitage test	P=0.237		
Fisher exact test		P=0.684N	P=0.329
Pancreatic Islets: Adenoma			
Overall rates	1/47 (2%)	0/41 (0%)	2/43 (5%)
Adjusted rates	12.5%	0.0%	9.9%
Terminal rates	1/8 (13%)	0/13 (0%)	1/13 (8%)
First incidence (days)	799 (T)	- ^e	617
Life table tests	P=0.387	P=0.403N	P=0.612
Logistic regression tests	P=0.308	P=0.403N	P=0.479
Cochran-Armitage test	P=0.304		
Fisher exact test		P=0.534N	P=0.466

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Lesions in Male Rats

A-25

TABLE A3
Statistical Analysis of Primary Neoplasms in Male Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Pancreatic Islets: Adenoma or Carcinoma			
Overall rates	2/47 (4%)	0/41 (0%)	2/43 (5%)
Adjusted rates	25.0%	0.0%	9.9%
Terminal rates	2/8 (25%)	0/13 (0%)	1/13 (8%)
First incidence (days)	799 (T)	—	617
Life table tests	P=0.650	P=0.135N	P=0.560N
Logistic regression tests	P=0.544	P=0.135N	P=0.683
Cochran-Armitage test	P=0.531		
Fisher exact test		P=0.282N	P=0.657
Pituitary Gland (Pars Distalis): Adenoma			
Overall rates	12/47 (26%)	11/50 (22%)	10/49 (20%)
Adjusted rates	53.6%	42.8%	42.1%
Terminal rates	3/9 (33%)	3/14 (21%)	4/16 (25%)
First incidence (days)	568	558	697
Life table tests	P=0.174N	P=0.334N	P=0.160N
Logistic regression tests	P=0.307N	P=0.419N	P=0.324N
Cochran-Armitage test	P=0.344N		
Fisher exact test		P=0.432N	P=0.362N
Pituitary Gland (Pars Distalis): Adenoma or Carcinoma			
Overall rates	12/47 (26%)	12/50 (24%)	10/49 (20%)
Adjusted rates	53.6%	45.8%	42.1%
Terminal rates	3/9 (33%)	3/14 (21%)	4/16 (25%)
First incidence (days)	568	558	697
Life table tests	P=0.159N	P=0.411N	P=0.160N
Logistic regression tests	P=0.287N	P=0.509N	P=0.324N
Cochran-Armitage test	P=0.325N		
Fisher exact test		P=0.524N	P=0.362N
Preputial Gland: Carcinoma			
Overall rates	1/48 (2%)	6/49 (12%)	1/48 (2%)
Adjusted rates	2.3%	22.5%	2.5%
Terminal rates	0/9 (0%)	1/14 (7%)	0/16 (0%)
First incidence (days)	586	527	628
Life table tests	P=0.361N	P=0.090	P=0.753N
Logistic regression tests	P=0.440N	P=0.058	P=0.750
Cochran-Armitage test	P=0.425N		
Fisher exact test		P=0.059	P=0.753N
Preputial Gland: Adenoma or Carcinoma			
Overall rates	2/48 (4%)	7/49 (14%)	2/48 (4%)
Adjusted rates	4.4%	28.5%	8.6%
Terminal rates	0/9 (0%)	2/14 (14%)	1/16 (6%)
First incidence (days)	429	527	628
Life table tests	P=0.331N	P=0.134	P=0.632N
Logistic regression tests	P=0.454N	P=0.078	P=0.673
Cochran-Armitage test	P=0.436N		
Fisher exact test		P=0.084	P=0.692N

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A-26

Talc, NTP TR 421

TABLE A3
Statistical Analysis of Primary Neoplasms in Male Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Skin: Keratoacanthoma or Squamous Cell Carcinoma			
Overall rates	0/49 (0%)	3/50 (6%)	2/50 (4%)
Adjusted rates	0.0%	13.5%	6.6%
Terminal rates	0/9 (0%)	1/14 (7%)	0/16 (0%)
First incidence (days)	-	663	594
Life table tests	P=0.414	P=0.161	P=0.331
Logistic regression tests	P=0.323	P=0.128	P=0.239
Cochran-Armitage test	P=0.319		
Fisher exact test		P=0.125	P=0.253
Testes: Adenoma			
Overall rates	31/49 (63%)	39/50 (78%)	36/50 (72%)
Adjusted rates	100.0%	100.0%	97.0%
Terminal rates	9/9 (100%)	14/14 (100%)	15/16 (94%)
First incidence (days)	551	544	609
Life table tests	P=0.198N	P=0.524	P=0.245N
Logistic regression tests	P=0.333	P=0.056	P=0.268
Cochran-Armitage test	P=0.295		
Fisher exact test		P=0.082	P=0.238
Thyroid Gland (C-cell): Adenoma			
Overall rates	3/45 (7%)	4/46 (9%)	3/46 (7%)
Adjusted rates	24.5%	28.6%	14.5%
Terminal rates	2/9 (22%)	4/14 (29%)	2/16 (13%)
First incidence (days)	682	799 (I)	614
Life table tests	P=0.348N	P=0.620N	P=0.476N
Logistic regression tests	P=0.511N	P=0.641	P=0.625N
Cochran-Armitage test	P=0.560N		
Fisher exact test		P=0.512	P=0.651N
Thyroid Gland (C-cell): Adenoma or Carcinoma			
Overall rates	3/45 (7%)	5/46 (11%)	3/46 (7%)
Adjusted rates	24.5%	33.0%	14.5%
Terminal rates	2/9 (22%)	4/14 (29%)	2/16 (13%)
First incidence (days)	682	787	614
Life table tests	P=0.296N	P=0.568	P=0.476N
Logistic regression tests	P=0.467N	P=0.502	P=0.625N
Cochran-Armitage test	P=0.523N		
Fisher exact test		P=0.369	P=0.651N
All Organs: Mononuclear Cell Leukemia			
Overall rates	24/49 (49%)	21/50 (42%)	23/50 (46%)
Adjusted rates	70.3%	59.9%	62.5%
Terminal rates	3/9 (33%)	4/14 (29%)	6/16 (38%)
First incidence (days)	334	529	492
Life table tests	P=0.298N	P=0.232N	P=0.269N
Logistic regression tests	P=0.501N	P=0.317N	P=0.479N
Cochran-Armitage test	P=0.486N		
Fisher exact test		P=0.310N	P=0.462N

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Lesions in Male Rats

A-27

TABLE A3
Statistical Analysis of Primary Neoplasms in Male Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
All Organs: Benign Tumors			
Overall rates	42/49 (86%)	45/50 (90%)	45/50 (90%)
Adjusted rates	100.0%	100.0%	100.0%
Terminal rates	9/9 (100%)	14/14 (100%)	16/16 (100%)
First incidence (days)	429	544	594
Life table tests	P=0.161N	P=0.314N	P=0.153N
Logistic regression tests	P=0.463	P=0.430	P=0.480
Cochran-Armitage test	P=0.353		
Fisher exact test		P=0.365	P=0.365
All Organs: Malignant Tumors			
Overall rates	34/49 (69%)	34/50 (68%)	34/50 (68%)
Adjusted rates	88.4%	80.9%	80.0%
Terminal rates	6/9 (67%)	7/14 (50%)	9/16 (56%)
First incidence (days)	334	527	248
Life table tests	P=0.222N	P=0.308N	P=0.216N
Logistic regression tests	P=0.534N	P=0.539N	P=0.571N
Cochran-Armitage test	P=0.505N		
Fisher exact test		P=0.527N	P=0.527N
All Organs: Benign or Malignant Tumors			
Overall rates	48/49 (98%)	49/50 (98%)	50/50 (100%)
Adjusted rates	100.0%	100.0%	100.0%
Terminal rates	9/9 (100%)	14/14 (100%)	16/16 (100%)
First incidence (days)	334	527	248
Life table tests	P=0.154N	P=0.241N	P=0.139N
Logistic regression tests	P=0.337	P=0.771	P=0.506
Cochran-Armitage test	P=0.348		
Fisher exact test		P=0.747	P=0.495

(T) Terminal sacrifice

^a Number of tumor-bearing animals/number of animals examined. Denominator is number of animals examined microscopically for adrenal gland, bone marrow, brain, clitoral gland, epididymis, gallbladder (mouse), heart, kidney, larynx, liver, lung, nose, ovary, pancreas, parathyroid gland, pituitary gland, preputial gland, prostate gland, salivary gland, spleen, testes, thyroid gland, and urinary bladder; for other tissues, denominator is number of animals necropsied.

^b Kaplan-Meier estimated tumor incidence at the end of the study after adjustment for intercurrent mortality

^c Observed incidence at terminal kill

^d Beneath the control incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between the controls and that dosed group. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The logistic regression tests regard these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. For all tests, a negative trend or a lower incidence in a dose group is indicated by N.

^e Not applicable; no tumors in animal group

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A-28

Talc, NTP TR 421

TABLE A4
Summary of the Incidence of Nonneoplastic Lesions in Male Rats in the Lifetime Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Disposition Summary			
Animals initially in study	50	50	50
Early deaths			
Moribund	23	19	20
Natural deaths	18	17	14
Survivors			
Died last week of study	1	2	3
Terminal sacrifice	8	12	13
Animals examined microscopically	49	50	50
Alimentary System			
Esophagus	(49)	(50)	(49)
Inflammation			1 (2%)
Intestine large, cecum	(42)	(38)	(37)
Hemorrhage		1 (3%)	
Inflammation	9 (21%)	2 (5%)	5 (14%)
Parasite metazoan	3 (7%)	4 (11%)	4 (11%)
Ulcer	1 (2%)		
Intestine large, colon	(43)	(43)	(46)
Hyperplasia, lymphoid	1 (2%)		
Inflammation	1 (2%)		1 (2%)
Mineralization			1 (2%)
Parasite metazoan	2 (5%)	1 (2%)	1 (2%)
Intestine large, rectum	(38)	(41)	(34)
Inflammation	6 (16%)	1 (2%)	1 (3%)
Metaplasia, squamous, focal			1 (3%)
Parasite metazoan		2 (5%)	
Intestine small, duodenum	(48)	(44)	(46)
Inflammation			1 (2%)
Mineralization	1 (2%)		
Necrosis, focal	1 (2%)		
Ulcer	1 (2%)	1 (2%)	
Intestine small, ileum	(39)	(34)	(35)
Hyperplasia, lymphoid		1 (3%)	2 (6%)
Lymphatic, ectasia		1 (3%)	
Liver	(49)	(50)	(48)
Angiectasis, focal	1 (2%)		
Atrophy	1 (2%)		
Basophilic focus	18 (37%)	18 (36%)	19 (40%)
Clear cell focus	3 (6%)	7 (14%)	4 (8%)
Congestion		1 (2%)	
Degeneration, cystic	9 (18%)	17 (34%)	9 (19%)
Degeneration, diffuse			1 (2%)
Eosinophilic focus	2 (4%)	7 (14%)	7 (15%)
Fatty change	16 (33%)	14 (28%)	12 (25%)
Fibrosis	1 (2%)		
Hematocyst		1 (2%)	
Hyperplasia, focal			1 (2%)
Inflammation, granulomatous, focal	3 (6%)	1 (2%)	
Inflammation, necrotizing, focal			1 (2%)
Necrosis, focal	3 (6%)		1 (2%)
Thrombosis	1 (2%)		
Bile duct, hyperplasia	39 (80%)	46 (92%)	44 (92%)

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Lesions in Male Rats

A-29

TABLE A4
Summary of the Incidence of Nonneoplastic Lesions in Male Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Alimentary System (continued)			
Liver (continued)			
Centrilobular, atrophy	9 (18%)	4 (8%)	7 (15%)
Centrilobular, degeneration	8 (16%)	12 (24%)	9 (19%)
Centrilobular, degeneration, fatty			1 (2%)
Centrilobular, necrosis	5 (10%)		2 (4%)
Mesentery	(2)		(1)
Inflammation			1 (100%)
Pancreas	(48)	(46)	(47)
Lobules, atrophy	11 (23%)	7 (15%)	8 (17%)
Salivary glands	(49)	(50)	(50)
Inflammation	1 (2%)		
Necrosis			1 (2%)
Stomach, forestomach	(49)	(47)	(47)
Hyperkeratosis			1 (2%)
Inflammation	1 (2%)		
Mineralization	1 (2%)	4 (9%)	1 (2%)
Ulcer	5 (10%)	5 (11%)	8 (17%)
Stomach, glandular	(49)	(47)	(47)
Mineralization	6 (12%)	6 (13%)	6 (13%)
Ulcer	3 (6%)	3 (6%)	2 (4%)
Cardiovascular System			
Blood vessel	(4)	(5)	(5)
Aorta, mineralization	3 (75%)	5 (100%)	4 (80%)
Mesenteric artery, aneurysm			2 (40%)
Mesenteric artery, inflammation			1 (20%)
Mesenteric artery, mineralization	3 (75%)	5 (100%)	3 (60%)
Mesenteric artery, thrombosis	1 (25%)	1 (20%)	1 (20%)
Heart	(49)	(50)	(50)
Cardiomyopathy	42 (86%)	47 (94%)	50 (100%)
Atrium, thrombosis	9 (18%)	5 (10%)	11 (22%)
Epicardium, hyperplasia	1 (2%)		
Myocardium, inflammation		1 (2%)	
Myocardium, mineralization	2 (4%)	6 (12%)	5 (10%)
Endocrine System			
Adrenal gland, cortex	(49)	(49)	(48)
Degeneration	1 (2%)		
Degeneration, fatty	8 (16%)		2 (4%)
Degeneration, focal	1 (2%)		
Hyperplasia, diffuse			2 (4%)
Hyperplasia, focal	11 (22%)	4 (8%)	9 (19%)
Necrosis, focal	1 (2%)		
Adrenal gland, medulla	(49)	(48)	(47)
Hyperplasia	19 (39%)	8 (17%)	8 (17%)
Bilateral, hyperplasia	1 (2%)		1 (2%)
Islets, pancreatic	(47)	(41)	(43)
Hyperplasia			1 (2%)
Parathyroid gland	(45)	(45)	(46)
Hyperplasia	6 (13%)	11 (24%)	12 (26%)
Bilateral, hyperplasia	1 (2%)		

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A-30

Talc, NTP TR 421

TABLE A4
Summary of the Incidence of Nonneoplastic Lesions in Male Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Endocrine System (continued)			
Pituitary gland	(47)	(50)	(49)
Angiectasis, focal		1 (2%)	
Cyst		1 (2%)	1 (2%)
Pars distalis, hyperplasia	8 (17%)	8 (16%)	7 (14%)
Pars nervosa, hyperplasia		1 (2%)	
Thyroid gland	(45)	(46)	(46)
C-cell, hyperplasia	5 (11%)	7 (15%)	2 (4%)
General Body System			
None			
Genital System			
Epididymis	(49)	(50)	(49)
Spermatocele		1 (2%)	
Preputial gland	(48)	(49)	(48)
Hyperplasia	3 (6%)		1 (2%)
Inflammation	7 (15%)	2 (4%)	5 (10%)
Prostate	(49)	(45)	(48)
Atrophy	1 (2%)		1 (2%)
Inflammation	22 (45%)	14 (31%)	19 (40%)
Seminal vesicle	(49)	(48)	(47)
Atrophy	1 (2%)		
Inflammation	1 (2%)		
Testes	(49)	(50)	(50)
Atrophy	14 (29%)	11 (22%)	16 (32%)
Hyperplasia, lymphoid		2 (4%)	
Hyperplasia, lymphoid, focal			1 (2%)
Interstitial cell, hyperplasia	2 (4%)	1 (2%)	3 (6%)
Serosa, proliferation			1 (2%)
Hematopoietic System			
Bone marrow	(48)	(48)	(47)
Atrophy			2 (4%)
Atrophy, focal		1 (2%)	
Inflammation		1 (2%)	
Myelofibrosis		1 (2%)	1 (2%)
Myeloid cell, hyperplasia	2 (4%)	3 (6%)	6 (13%)
Lymph node	(49)	(50)	(50)
Hemorrhage, chronic		1 (2%)	
Pancreatic, atrophy	1 (2%)		
Pancreatic, hyperplasia, lymphoid	1 (2%)		
Lymph node, bronchial	(41)	(48)	(49)
Atrophy	2 (5%)		
Hemorrhage		1 (2%)	
Hemorrhage, acute	1 (2%)		
Hemorrhage, chronic	4 (10%)		
Hyperplasia, histiocytic		44 (92%)	46 (94%)
Lymph node, mandibular	(46)	(48)	(47)
Hemorrhage		1 (2%)	
Hyperplasia, lymphoid		2 (4%)	
Hyperplasia, plasma cell		2 (4%)	5 (11%)
Inflammation, chronic active			2 (4%)

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Lesions in Male Rats

A-31

TABLE A4
Summary of the Incidence of Nonneoplastic Lesions in Male Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Hematopoietic System (continued)			
Lymph node, mediastinal	(48)	(49)	(47)
Atrophy	1 (2%)		
Hemorrhage		3 (6%)	
Hemorrhage, acute	1 (2%)		
Hemorrhage, chronic	6 (13%)		
Hyperplasia, histiocytic		40 (82%)	43 (91%)
Pigmentation, hemosiderin	1 (2%)		
Lymph node, mesenteric	(49)	(48)	(47)
Atrophy	1 (2%)		
Hemorrhage		2 (4%)	
Hemorrhage, acute	1 (2%)		
Hyperplasia, lymphoid	1 (2%)	2 (4%)	3 (6%)
Hyperplasia, plasma cell			1 (2%)
Inflammation, chronic active			1 (2%)
Spleen	(49)	(50)	(48)
Atrophy	1 (2%)		2 (4%)
Autolysis			1 (2%)
Congestion, chronic	1 (2%)		
Cyst			1 (2%)
Fibrosis		1 (2%)	
Fibrosis, focal		5 (10%)	2 (4%)
Hematopoietic cell proliferation	1 (2%)	2 (4%)	3 (6%)
Hyperplasia, histiocytic		1 (2%)	
Hyperplasia, lymphoid		1 (2%)	1 (2%)
Infarct	3 (6%)		
Inflammation, granulomatous, focal	1 (2%)		1 (2%)
Thymus	(48)	(40)	(43)
Atrophy		2 (5%)	
Cyst	1 (2%)		
Integumentary System			
Mammary gland	(45)	(48)	(50)
Galactocoele	1 (2%)		
Skin	(48)	(50)	(50)
Cyst epithelial inclusion		1 (2%)	
Subcutaneous tissue, inflammation			1 (2%)
Tail, necrosis	1 (2%)		
Musculoskeletal System			
Bone	(49)	(50)	(50)
Fibrous osteodystrophy	3 (6%)	4 (8%)	5 (10%)
Coccygeal, necrosis	1 (2%)		
Pelvis, fracture		1 (2%)	
Nervous System			
Brain	(49)	(50)	(50)
Compression	5 (10%)	2 (4%)	2 (4%)
Hemorrhage		1 (2%)	
Infarct			1 (2%)
Necrosis, focal	1 (2%)	2 (4%)	
Spinal cord			(1)
Degeneration			1 (100%)

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A-32

Talc, NTP TR 421

TABLE A4
Summary of the Incidence of Nonneoplastic Lesions in Male Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Respiratory System			
Larynx	(48)	(49)	(49)
Inflammation, suppurative	6 (13%)		
Lung	(49)	(50)	(50)
Congestion	1 (2%)		
Crystals, focal	1 (2%)		
Cyst			3 (6%)
Hemorrhage, chronic	2 (4%)		
Infarct	1 (2%)		
Inflammation, granulomatous	2 (4%)	50 (100%)	49 (98%)
Inflammation, suppurative		2 (4%)	
Mineralization		4 (8%)	
Alveolar epithelium, hyperplasia	5 (10%)	26 (52%)	38 (76%)
Alveolus, hemorrhage, focal	1 (2%)		
Alveolus, metaplasia, squamous			2 (4%)
Artery, thrombosis	1 (2%)		
Interstitial, fibrosis, focal	1 (2%)	16 (32%)	33 (66%)
Interstitial, mineralization	2 (4%)	1 (2%)	4 (8%)
Peribronchial, hyperplasia, histiocytic		12 (24%)	8 (16%)
Nose	(49)	(48)	(47)
Inflammation, suppurative	2 (4%)	1 (2%)	
Lumen, foreign body	1 (2%)		
Lumen, hemorrhage			1 (2%)
Mucosa, inflammation, suppurative	4 (8%)	5 (10%)	2 (4%)
Nasolacrimal duct, inflammation, suppurative		1 (2%)	
Respiratory epithelium, hyperplasia		3 (6%)	14 (30%)
Trachea	(49)	(50)	(48)
Inflammation, suppurative	3 (6%)		1 (2%)
Special Senses System			
Eye	(3)	(2)	(2)
Cataract	1 (33%)	1 (50%)	2 (100%)
Inflammation, chronic			1 (50%)
Cornea, inflammation, necrotizing			1 (50%)
Cornea, necrosis	1 (33%)		
Lens, cataract	1 (33%)		
Retina, degeneration	2 (67%)	1 (50%)	1 (50%)
Urinary System			
Kidney	(49)	(49)	(48)
Calculus micro observation only			1 (2%)
Cyst	3 (6%)		1 (2%)
Hydronephrosis		1 (2%)	1 (2%)
Nephropathy	45 (92%)	47 (96%)	43 (90%)
Medulla, inflammation		1 (2%)	1 (2%)
Renal tubule, necrosis		1 (2%)	
Ureter			(1)
Calculus micro observation only			1 (100%)
Urethra			(1)
Fibrosis			1 (100%)
Urinary bladder	(49)	(48)	(47)
Calculus gross observation			1 (2%)
Inflammation	1 (2%)		
Mucosa, hyperplasia			1 (2%)

^a Incidences are expressed as the ratio of animals with lesions to the number of animals examined microscopically at the site.

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B-1

APPENDIX B
SUMMARY OF LESIONS IN FEMALE RATS
IN THE LIFETIME INHALATION STUDY
OF TALC

TABLE B1	Summary of the Incidence of Neoplasms in Female Rats in the Lifetime Inhalation Study of Talc	B-2
TABLE B2	Individual Animal Tumor Pathology of Female Rats in the Lifetime Inhalation Study of Talc	B-6
TABLE B3	Statistical Analysis of Primary Neoplasms in Female Rats in the Lifetime Inhalation Study of Talc	B-24
TABLE B4	Summary of the Incidence of Nonneoplastic Lesions in Female Rats in the Lifetime Inhalation Study of Talc	B-29

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B-2

Talc, NTP TR 421

TABLE B1
Summary of the Incidence of Neoplasms in Female Rats in the Lifetime Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Disposition Summary			
Animals initially in study	50	50	50
Early deaths			
Moribund	28	17	27
Natural deaths	11	19	14
Survivors			
Terminal sacrifice	11	13	9
Missing		1	
Animals examined microscopically	50	49	50
Alimentary System			
Intestine small, ileum	(44)	(32)	(38)
Liver	(50)	(48)	(50)
Granulosa-theca tumor malignant, metastatic, ovary			1 (2%)
Hepatocellular carcinoma		1 (2%)	
Neoplastic nodule		3 (6%)	1 (2%)
Pancreas	(50)	(46)	(49)
Pharynx			(1)
Squamous cell carcinoma			1 (100%)
Salivary glands	(50)	(48)	(50)
Fibrosarcoma			1 (2%)
Sarcoma		1 (2%)	
Stomach, forestomach	(50)	(45)	(49)
Stomach, glandular	(50)	(47)	(50)
Tongue		(2)	
Sarcoma, metastatic		1 (50%)	
Squamous cell papilloma		1 (50%)	
Tooth		(1)	
Adamantinoma benign		1 (100%)	
Cardiovascular System			
Heart	(50)	(48)	(50)
Granulosa-theca tumor malignant, metastatic, ovary			1 (2%)
Endocrine System			
Adrenal gland, cortex	(50)	(47)	(49)
Granulosa-theca tumor malignant, metastatic, ovary			1 (2%)
Adrenal gland, medulla	(48)	(47)	(49)
Granulosa-theca tumor malignant, metastatic, ovary			1 (2%)
Pheochromocytoma malignant		1 (2%)	7 (14%)
Pheochromocytoma benign	13 (27%)	10 (21%)	11 (22%)
Bilateral, pheochromocytoma malignant			3 (6%)
Bilateral, pheochromocytoma benign		4 (9%)	7 (14%)
Islets, pancreatic	(50)	(45)	(49)
Adenoma	1 (2%)	1 (2%)	1 (2%)
Parathyroid gland	(43)	(42)	(47)
Pituitary gland	(50)	(47)	(50)
Pars distalis, adenoma	19 (38%)	18 (38%)	21 (42%)
Pars distalis, carcinoma	3 (6%)	3 (6%)	2 (4%)

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Lesions in Female Rats

B-3

TABLE B1
Summary of the Incidence of Neoplasms in Female Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Endocrine System (continued)			
Thyroid gland	(50)	(47)	(49)
Bilateral, C-cell, carcinoma	1 (2%)		
C-cell, adenoma	5 (10%)		6 (12%)
C-cell, carcinoma	2 (4%)	2 (4%)	2 (4%)
Follicular cell, adenoma		1 (2%)	
General Body System			
None			
Genital System			
Clitoral gland	(47)	(44)	(46)
Adenoma			1 (2%)
Carcinoma	2 (4%)		1 (2%)
Ovary	(50)	(47)	(50)
Granulosa cell tumor malignant	1 (2%)		
Granulosa cell tumor benign		2 (4%)	
Granulosa-theca tumor benign		1 (2%)	
Bilateral, granulosa-theca tumor malignant			1 (2%)
Uterus	(50)	(48)	(50)
Polyp stromal	5 (10%)	7 (15%)	4 (8%)
Sarcoma stromal		1 (2%)	
Hematopoietic System			
Bone marrow	(50)	(43)	(49)
Lymph node	(50)	(48)	(50)
Lymph node, bronchial	(46)	(47)	(47)
Adenocarcinoma, metastatic, thyroid gland	1 (2%)		
Squamous cell carcinoma, metastatic, lung			1 (2%)
Lymph node, mandibular	(47)	(46)	(47)
Sarcoma, metastatic		1 (2%)	
Lymph node, mediastinal	(47)	(44)	(47)
Adenocarcinoma, metastatic, thyroid gland	1 (2%)		
Carcinoma, metastatic, uncertain primary site			1 (2%)
Fibrosarcoma, metastatic, skin			1 (2%)
Granulosa-theca tumor malignant, metastatic, ovary			1 (2%)
Lymph node, mesenteric	(49)	(47)	(47)
Spleen	(50)	(48)	(50)
Thymus	(47)	(44)	(47)
Mixed tumor malignant		1 (2%)	
Myxoma		1 (2%)	
Schwannoma benign			1 (2%)
Thymoma benign	1 (2%)		
Integumentary System			
Mammary gland	(50)	(48)	(50)
Adenocarcinoma	2 (4%)		2 (4%)
Adenoma	1 (2%)	2 (4%)	2 (4%)
Fibroadenoma	11 (22%)	10 (21%)	13 (26%)
Fibroma	1 (2%)	1 (2%)	
Fibrosarcoma			1 (2%)

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B-4

Talc, NTP TR 421

TABLE B1
Summary of the Incidence of Neoplasms in Female Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Integumentary System (continued)			
Skin	(50)	(49)	(50)
Keratoacanthoma		1 (2%)	1 (2%)
Subcutaneous tissue, fibrosarcoma		1 (2%)	1 (2%)
Musculoskeletal System			
Bone	(50)	(48)	(50)
Mandible, sarcoma	1 (2%)		
Mandible, sarcoma, metastatic		1 (2%)	
Skeletal muscle	(1)	(1)	
Liposarcoma		1 (100%)	
Nervous System			
Brain	(50)	(48)	(50)
Astrocytoma benign	1 (2%)		
Carcinoma, metastatic, pituitary gland	2 (4%)	1 (2%)	1 (2%)
Ependymoma malignant	1 (2%)		
Respiratory System			
Larynx	(50)	(48)	(48)
Adenocarcinoma, metastatic, thyroid gland	1 (2%)		
Lung	(50)	(48)	(50)
Adenocarcinoma, metastatic, multiple, mammary gland	1 (2%)		
Alveolar/bronchiolar adenoma	1 (2%)		8 (16%)
Alveolar/bronchiolar adenoma, multiple			1 (2%)
Alveolar/bronchiolar carcinoma			4 (8%)
Alveolar/bronchiolar carcinoma, multiple			1 (2%)
Granulosa-theca tumor malignant, metastatic, ovary			1 (2%)
Squamous cell carcinoma			1 (2%)
Special Senses System			
None			
Urinary System			
Kidney	(49)	(47)	(49)
Lipoma		1 (2%)	
Urinary bladder	(50)	(45)	(50)
Systemic Lesions			
Multiple organs ^b	(50)	(49)	(50)
Leukemia mononuclear	13 (26%)	20 (41%)	18 (36%)
Lymphoma malignant lymphocytic		2 (4%)	
Lymphoma malignant mixed		1 (2%)	

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B-5

Lesions in Female Rats

TABLE B1
Summary of the Incidence of Neoplasms in Female Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Tumor Summary			
Total animals with primary neoplasms ^c	44	47	49
Total primary neoplasms	85	100	124
Total animals with benign neoplasms	38	35	39
Total benign neoplasms	59	65	78
Total animals with malignant neoplasms	23	31	35
Total malignant neoplasms	26	35	46
Total animals with metastatic neoplasms	4	3	4
Total metastatic neoplasms	6	8	10
Total animals with malignant neoplasms, uncertain primary site			1

^a Incidences are expressed as the ratio of animals with lesions to the number of animals examined microscopically at the site.

^b Number of animals with any tissue examined microscopically

^c Primary tumors: all tumors except metastatic tumors

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B-7

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Talc, NTP TR 421

B-8

TABLE B2
Individual Animal Tumor Pathology of Female Rats in the Lifetime Inhalation Study of Talc: 0 mg/m³ (continued)

Number of Days on Study	3 3 3 5 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7 7 7
	7 9 9 5 6 8 8 9 2 3 4 7 7 8 9 1 1 2 3 6 6 6 6 7 7
	0 0 8 8 8 4 6 9 6 4 7 7 8 8 6 6 9 7 1 2 6 7 8 2 9
Carcass ID Number	3 4 3 3 3 3 4 4 3 3 3 3 4 3 3 3 3 4 3 3 3 3 3 4
	3 3 7 0 5 5 3 2 5 8 0 7 0 0 5 2 0 0 9 8 5 2 2 3 0
	5 0 7 6 0 7 2 9 8 4 2 6 2 8 9 7 5 6 7 2 1 8 6 1 8
	1 1
Genital System	
Clitoral gland	M + + + + + + + + + + + + + + + + + M + + +
Carcinoma	
Ovary	+ +
Granulosa cell tumor malignant	
Uterus	+ +
Polyp stromal	X
Hematopoietic System	
Bone marrow	+ +
Lymph node	+ +
Lymph node, bronchial	+ +
Adenocarcinoma, metastatic, thyroid gland	
	X
Lymph node, mandibular	+ + M + + + + + + + + + + + + + + + + + M + + + +
Lymph node, mediastinal	M +
Adenocarcinoma, metastatic, thyroid gland	
	X
Lymph node, mesenteric	M +
Spleen	+ +
Thymus	M M M +
Thymoma benign	
Integumentary System	
Mammary gland	+ +
Adenocarcinoma	X
Adenoma	X
Fibroadenoma	
Fibroma	X X
Skin	+ +
Musculoskeletal System	
Bone	+ +
Mandibular, sarcoma	
Skeletal muscle	X
Nervous System	
Brain	+ +
Astrocytoma benign	
Carcinoma, metastatic, pituitary gland	X
Ependymoma malignant	X

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B-9

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B-10

Talc, NTP TR 421

TABLE B2
Individual Animal Tumor Pathology of Female Rats in the Lifetime Inhalation Study of Talc: 0 mg/m³ (continued)

Number of Days on Study	3 3 3 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7
	7 9 9 5 6 8 8 9 2 3 4 7 7 8 9 1 1 2 3 6 6 6 7 7
	0 0 8 8 8 4 6 9 6 4 7 7 8 8 6 6 9 7 1 2 6 7 8 2 9
Carcass ID Number	3 4 3 3 3 3 4 4 3 3 3 3 4 3 3 3 3 4 3 3 3 3 3 4
	3 3 7 0 5 5 3 2 5 8 0 7 0 0 5 2 0 0 9 8 5 2 2 3 0
	5 0 7 6 0 7 2 9 8 4 2 6 2 8 9 7 5 6 7 2 1 8 6 1 8
	1 1
Respiratory System	
Larynx	+ +
Adenocarcinoma, metastatic, thyroid gland	X
Lung	+ +
Adenocarcinoma, metastatic, multiple, mammary gland	X
Alveolar/bronchiolar adenoma	
Nose	+ A + + + + + + + + A + + + + + + + + + + + +
Trachea	+ +
Special Senses System	
Eye	+
Harderian gland	+
Urinary System	
Kidney	+ + + + + + + + + A + + + + + + + + + + + +
Urinary bladder	+ +
Systemic Lesions	
Multiple organs	+ +
Leukemia mononuclear	X X

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B-11

[illegible]

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B-13

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B-21

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B-22

Talc, NTP TR 421

TABLE B2
Individual Animal Tumor Pathology of Female Rats in the Lifetime Inhalation Study of Talc: 18 mg/m³ (continued)

Number of Days on Study	5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7
	3 5 8 9 1 3 4 6 6 7 7 7 8 9 9 0 1 1 1 2 3 4 4 4 7
	6 8 6 4 5 3 6 0 1 5 6 8 4 3 7 6 0 6 7 4 9 0 6 7 3
Carcass ID Number	1 2 2 2 1 2 2 2 1 2 2 2 2 2 1 2 1 2 2 2 1 2 1 2 2
	6 8 1 1 8 8 3 8 8 8 0 5 0 4 8 0 6 8 3 5 8 6 9 3 0
	7 0 6 2 3 5 0 1 6 8 7 5 8 0 9 6 0 2 6 6 1 3 2 9 9
	1 1
Integumentary System	
Mammary gland	+ +
Adenocarcinoma	
Adenoma	
Fibroadenoma	X X X X X
Fibrosarcoma	
Skin	+ +
Keratoacanthoma	X
Subcutaneous tissue, fibrosarcoma	X
Musculoskeletal System	
Bone	+ +
Nervous System	
Brain	+ +
Carcinoma, metastatic, pituitary gland	X
Respiratory System	
Larynx	+ + + + + I + I + + + + + + + + + + + + + + +
Lung	+ +
Alveolar/bronchiolar adenoma	
Alveolar/bronchiolar adenoma, multiple	X X
Alveolar/bronchiolar carcinoma	
Alveolar/bronchiolar carcinoma, multiple	
Granulosa-theca tumor malignant, metastatic, ovary	X
Squamous cell carcinoma	X
Nose	+ + + + + + + + + + + + + + + A + + + + + + +
Trachea	+ +
Special Senses System	
Eye	
Harderian gland	+ + + + + + + + + + +
Lacrimal gland	
Urinary System	
Kidney	+ + A +
Urinary bladder	+ +
Systemic Lesions	
Multiple organs	+ +
Leukemia mononuclear	X X X X X X X X X X X X X X

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B-24

Talc, NTP TR 421

TABLE B3

Statistical Analysis of Primary Neoplasms in Female Rats in the Lifetime Inhalation Study of Talc

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Adrenal Medulla: Benign Pheochromocytoma			
Overall rates ^a	13/48 (27%)	14/47 (30%)	18/49 (37%)
Adjusted rates ^b	61.3%	59.7%	82.5%
Terminal rates ^c	5/11 (45%)	5/13 (38%)	6/9 (67%)
First incidence (days)	678	705	697
Life table tests ^d	P=0.135	P=0.529	P=0.183
Logistic regression tests ^d	P=0.185	P=0.541	P=0.225
Cochran-Armitage test ^d	P=0.180		
Fisher exact test ^d		P=0.474	P=0.212
Adrenal Medulla: Malignant Pheochromocytoma			
Overall rates	0/48 (0%)	1/47 (2%)	10/49 (20%)
Adjusted rates	0.0%	7.1%	56.9%
Terminal rates	0/11 (0%)	0/13 (0%)	3/9 (33%)
First incidence (days)	- ^e	849	784
Life table tests	P<0.001	P=0.531	P=0.002
Logistic regression tests	P<0.001	P=0.509	P=0.001
Cochran-Armitage test	P<0.001		
Fisher exact test		P=0.495	P<0.001
Adrenal Medulla: Benign or Malignant Pheochromocytoma			
Overall rates	13/48 (27%)	14/47 (30%)	23/49 (47%)
Adjusted rates	61.3%	59.7%	95.2%
Terminal rates	5/11 (45%)	5/13 (38%)	8/9 (89%)
First incidence (days)	678	705	697
Life table tests	P=0.016	P=0.529	P=0.033
Logistic regression tests	P=0.014	P=0.541	P=0.024
Cochran-Armitage test	P=0.021		
Fisher exact test		P=0.474	P=0.034
Liver: Neoplastic Nodule			
Overall rates	0/50 (0%)	3/48 (6%)	1/50 (2%)
Adjusted rates	0.0%	13.6%	10.0%
Terminal rates	0/11 (0%)	0/13 (0%)	0/9 (0%)
First incidence (days)	-	724	857
Life table tests	P=0.550	P=0.114	P=0.464
Logistic regression tests	P=0.561	P=0.117	P=0.496
Cochran-Armitage test	P=0.556		
Fisher exact test		P=0.114	P=0.500
Liver: Neoplastic Nodule or Hepatocellular Carcinoma			
Overall rates	0/50 (0%)	4/48 (8%)	1/50 (2%)
Adjusted rates	0.0%	20.2%	10.0%
Terminal rates	0/11 (0%)	1/13 (8%)	0/9 (0%)
First incidence (days)	-	724	857
Life table tests	P=0.575	P=0.066	P=0.464
Logistic regression tests	P=0.602	P=0.060	P=0.496
Cochran-Armitage test	P=0.599		
Fisher exact test		P=0.054	P=0.500

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Lesions in Female Rats

B-25

TABLE B3
Statistical Analysis of Primary Neoplasms in Female Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Lung: Alveolar/bronchiolar Adenoma			
Overall rates	1/50 (2%)	0/48 (0%)	9/50 (18%)
Adjusted rates	4.5%	0.0%	40.8%
Terminal rates	0/11 (0%)	0/13 (0%)	1/9 (11%)
First incidence (days)	805	716	716
Life table tests	P<0.001	P=0.529N	P=0.015
Logistic regression tests	P<0.001	P=0.503N	P=0.010
Cochran-Armitage test	P<0.001		
Fisher exact test		P=0.510N	P=0.008
Lung: Alveolar/bronchiolar Carcinoma			
Overall rates	0/50 (0%)	0/48 (0%)	5/50 (10%)
Adjusted rates	0.0%	0.0%	41.7%
Terminal rates	0/11 (0%)	0/13 (0%)	3/9 (33%)
First incidence (days)	-	-	828
Life table tests	P=0.002	-	P=0.027
Logistic regression tests	P=0.003	-	P=0.028
Cochran-Armitage test	P=0.004		
Fisher exact test		-	P=0.028
Lung: Alveolar/bronchiolar Adenoma or Carcinoma			
Overall rates	1/50 (2%)	0/48 (0%)	13/50 (26%)
Adjusted rates	4.5%	0.0%	65.8%
Terminal rates	0/11 (0%)	0/13 (0%)	4/9 (44%)
First incidence (days)	805	-	716
Life table tests	P<0.001	P=0.529N	P=0.001
Logistic regression tests	P<0.001	P=0.503N	P<0.001
Cochran-Armitage test	P<0.001		
Fisher exact test		P=0.510N	P<0.001
Mammary Gland: Fibroadenoma			
Overall rates	11/50 (22%)	10/49 (20%)	13/50 (26%)
Adjusted rates	47.6%	41.4%	64.0%
Terminal rates	2/11 (18%)	3/13 (23%)	4/9 (44%)
First incidence (days)	634	482	678
Life table tests	P=0.304	P=0.489N	P=0.394
Logistic regression tests	P=0.363	P=0.508N	P=0.428
Cochran-Armitage test	P=0.343		
Fisher exact test		P=0.521N	P=0.408
Mammary Gland: Fibroma, Fibroadenoma, or Adenoma			
Overall rates	13/50 (26%)	13/49 (27%)	15/50 (30%)
Adjusted rates	54.7%	59.0%	68.6%
Terminal rates	3/11 (27%)	6/13 (46%)	4/9 (44%)
First incidence (days)	634	482	678
Life table tests	P=0.314	P=0.544N	P=0.404
Logistic regression tests	P=0.394	P=0.585	P=0.434
Cochran-Armitage test	P=0.371		
Fisher exact test		P=0.567	P=0.412

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B-26

Talc, NTP TR 421

TABLE B3
Statistical Analysis of Primary Neoplasms in Female Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Mammary Gland: Fibroma, Fibroadenoma, Adenoma, or Adenocarcinoma			
Overall rates	15/50 (30%)	13/49 (27%)	16/50 (32%)
Adjusted rates	56.6%	59.0%	70.1%
Terminal rates	3/11 (27%)	6/13 (46%)	4/9 (44%)
First incidence (days)	370	482	678
Life table tests	P=0.378	P=0.386N	P=0.494
Logistic regression tests	P=0.457	P=0.425N	P=0.531
Cochran-Armitage test	P=0.430		
Fisher exact test		P=0.437N	P=0.500
Pituitary Gland (Pars Distalis): Adenoma			
Overall rates	19/50 (38%)	18/47 (38%)	21/50 (42%)
Adjusted rates	62.1%	60.5%	78.3%
Terminal rates	3/11 (27%)	3/13 (23%)	4/9 (44%)
First incidence (days)	568	697	633
Life table tests	P=0.360	P=0.512N	P=0.425
Logistic regression tests	P=0.409	P=0.557N	P=0.457
Cochran-Armitage test	P=0.380		
Fisher exact test		P=0.571	P=0.419
Pituitary Gland (Pars Distalis): Carcinoma			
Overall rates	3/50 (6%)	3/47 (6%)	2/50 (4%)
Adjusted rates	17.1%	12.2%	5.6%
Terminal rates	1/11 (9%)	1/13 (8%)	0/9 (0%)
First incidence (days)	696	566	676
Life table tests	P=0.438N	P=0.636N	P=0.506N
Logistic regression tests	P=0.427N	P=0.634	P=0.497N
Cochran-Armitage test	P=0.418N		
Fisher exact test		P=0.631	P=0.500N
Pituitary Gland (Pars Distalis): Adenoma or Carcinoma			
Overall rates	22/50 (44%)	21/47 (45%)	23/50 (46%)
Adjusted rates	69.8%	66.2%	79.5%
Terminal rates	4/11 (36%)	4/13 (31%)	4/9 (44%)
First incidence (days)	568	566	633
Life table tests	P=0.429	P=0.502N	P=0.488
Logistic regression tests	P=0.506	P=0.570N	P=0.545
Cochran-Armitage test	P=0.471		
Fisher exact test		P=0.554	P=0.500
Thyroid Gland (C-cell): Adenoma			
Overall rates	5/50 (10%)	0/47 (0%)	6/49 (12%)
Adjusted rates	33.5%	0.0%	34.0%
Terminal rates	2/11 (18%)	0/13 (0%)	2/9 (22%)
First incidence (days)	805	-	678
Life table tests	P=0.253	P=0.030N	P=0.467
Logistic regression tests	P=0.283	P=0.029N	P=0.505
Cochran-Armitage test	P=0.276		
Fisher exact test		P=0.033N	P=0.486

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Lesions in Female Rats

B-27

TABLE B3
Statistical Analysis of Primary Neoplasms in Female Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Thyroid Gland (C-cell): Carcinoma			
Overall rates	3/50 (6%)	2/47 (4%)	2/49 (4%)
Adjusted rates	11.1%	12.2%	4.9%
Terminal rates	0/11 (0%)	0/13 (0%)	0/9 (0%)
First incidence (days)	677	818	675
Life table tests	P=0.430N	P=0.507N	P=0.493N
Logistic regression tests	P=0.462N	P=0.516N	P=0.533N
Cochran-Armitage test	P=0.463N		
Fisher exact test		P=0.530N	P=0.510N
Thyroid Gland (C-cell): Adenoma or Carcinoma			
Overall rates	8/50 (16%)	2/47 (4%)	8/49 (16%)
Adjusted rates	40.9%	12.2%	37.2%
Terminal rates	2/11 (18%)	0/13 (0%)	2/9 (22%)
First incidence (days)	677	818	675
Life table tests	P=0.418	P=0.051N	P=0.579
Logistic regression tests	P=0.435	P=0.048N	P=0.599N
Cochran-Armitage test	P=0.414		
Fisher exact test		P=0.056N	P=0.590
Uterus: Stromal Polyp			
Overall rates	5/50 (10%)	7/49 (14%)	4/50 (8%)
Adjusted rates	22.3%	34.4%	19.5%
Terminal rates	1/11 (9%)	3/13 (23%)	1/9 (11%)
First incidence (days)	398	678	678
Life table tests	P=0.439N	P=0.400	P=0.532N
Logistic regression tests	P=0.376N	P=0.372	P=0.505N
Cochran-Armitage test	P=0.386N		
Fisher exact test		P=0.365	P=0.500N
Uterus: Stromal Polyp or Stromal Sarcoma			
Overall rates	5/50 (10%)	8/49 (16%)	4/50 (8%)
Adjusted rates	22.3%	35.8%	19.5%
Terminal rates	1/11 (9%)	3/13 (23%)	1/9 (11%)
First incidence (days)	398	557	678
Life table tests	P=0.412N	P=0.298	P=0.532N
Logistic regression tests	P=0.360N	P=0.265	P=0.505N
Cochran-Armitage test	P=0.363N		
Fisher exact test		P=0.264	P=0.500N
All Organs: Mononuclear Cell Leukemia			
Overall rates	13/50 (26%)	20/49 (41%)	18/50 (36%)
Adjusted rates	45.7%	73.3%	60.1%
Terminal rates	1/11 (9%)	8/13 (62%)	3/9 (33%)
First incidence (days)	390	526	536
Life table tests	P=0.234	P=0.164	P=0.232
Logistic regression tests	P=0.226	P=0.084	P=0.152
Cochran-Armitage test	P=0.250		
Fisher exact test		P=0.088	P=0.194

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B-28

Talc, NTP TR 421

TABLE B3
Statistical Analysis of Primary Neoplasms in Female Rats in the Lifetime Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
All Organs: Malignant Lymphoma			
Overall rates	0/50 (0%)	3/49 (6%)	0/50 (0%)
Adjusted rates	0.0%	10.3%	0.0%
Terminal rates	0/11 (0%)	0/13 (0%)	0/9 (0%)
First incidence (days)	-	724	-
Life table tests	P=0.525N	P=0.124	-
Logistic regression tests	P=0.497N	P=0.118	-
Cochran-Armitage test	P=0.499N		
Fisher exact test		P=0.117	-
All Organs: Benign Tumors			
Overall rates	38/50 (76%)	35/49 (71%)	39/50 (78%)
Adjusted rates	97.2%	96.9%	97.4%
Terminal rates	10/11 (91%)	12/13 (92%)	8/9 (89%)
First incidence (days)	398	482	558
Life table tests	P=0.338	P=0.350N	P=0.440
Logistic regression tests	P=0.544	P=0.312N	P=0.562N
Cochran-Armitage test	P=0.415		
Fisher exact test		P=0.387N	P=0.500
All Organs: Malignant Tumors			
Overall rates	23/50 (46%)	31/49 (63%)	35/50 (70%)
Adjusted rates	69.3%	85.8%	90.5%
Terminal rates	4/11 (36%)	9/13 (69%)	6/9 (67%)
First incidence (days)	370	526	536
Life table tests	P=0.054	P=0.189	P=0.061
Logistic regression tests	P=0.013	P=0.056	P=0.010
Cochran-Armitage test	P=0.016		
Fisher exact test		P=0.064	P=0.013
All Organs: Benign or Malignant Tumors			
Overall rates	44/50 (88%)	47/49 (96%)	49/50 (98%)
Adjusted rates	97.6%	97.9%	100.0%
Terminal rates	10/11 (91%)	12/13 (92%)	9/9 (100%)
First incidence (days)	370	482	536
Life table tests	P=0.248	P=0.447	P=0.279
Logistic regression tests	P=0.053	P=0.145	P=0.060
Cochran-Armitage test	P=0.049		
Fisher exact test		P=0.141	P=0.056

^a Number of tumor-bearing animals/number of animals examined. Denominator is number of animals examined microscopically for adrenal gland, bone marrow, brain, clitoral gland, epididymis, gallbladder (mouse), heart, kidney, larynx, liver, lung, nose, ovary, pancreas, parathyroid gland, pituitary gland, preputial gland, prostate gland, salivary gland, spleen, testes, thyroid gland, and urinary bladder; for other tissues, denominator is number of animals necropsied.

^b Kaplan-Meier estimated tumor incidence at the end of the study after adjustment for intercurrent mortality

^c Observed incidence at terminal kill

^d Beneath the control incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between the controls and that dosed group. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The logistic regression tests regard these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. For all tests, a negative trend or a lower incidence in a dose group is indicated by N.

^e Not applicable; no tumors in animal group

^f Value of statistic cannot be computed.

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Lesions in Female Rats

B-29

TABLE B4
Summary of the Incidence of Nonneoplastic Lesions in Female Rats in the Lifetime Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Disposition Summary			
Animals initially in study	50	50	50
Early deaths			
Moribund	28	17	27
Natural deaths	11	19	14
Survivors			
Terminal sacrifice	11	13	9
Missing		1	
Animals examined microscopically	50	49	50
Alimentary System			
Intestine large, cecum	(46)	(34)	(43)
Hemorrhage, focal		1 (3%)	
Inflammation	11 (24%)	1 (3%)	6 (14%)
Parasite metazoan	7 (15%)	3 (9%)	6 (14%)
Ulcer	1 (2%)	1 (3%)	1 (2%)
Intestine large, colon	(48)	(41)	(45)
Inflammation		1 (2%)	2 (4%)
Parasite metazoan	2 (4%)	3 (7%)	3 (7%)
Intestine large, rectum	(38)	(37)	(41)
Inflammation	4 (11%)		
Parasite metazoan	2 (5%)	1 (3%)	1 (2%)
Intestine small, duodenum	(48)	(44)	(47)
Necrosis, focal	1 (2%)		
Intestine small, ileum	(44)	(32)	(38)
Hyperplasia, lymphoid	2 (5%)		
Liver	(50)	(48)	(50)
Atrophy		1 (2%)	1 (2%)
Basophilic focus	27 (54%)	17 (35%)	21 (42%)
Clear cell focus	1 (2%)	2 (4%)	1 (2%)
Cyst multilocular	1 (2%)		
Degeneration, cystic		2 (4%)	1 (2%)
Eosinophilic focus	2 (4%)	5 (10%)	4 (8%)
Fatty change	18 (36%)	18 (38%)	14 (28%)
Hematopoietic cell proliferation	1 (2%)		
Infiltration cellular, mononuclear cell			1 (2%)
Inflammation, granulomatous, focal	13 (26%)	3 (6%)	4 (8%)
Inflammation, necrotizing, focal		1 (2%)	
Inflammation, suppurative	1 (2%)		
Necrosis, focal	5 (10%)	1 (2%)	2 (4%)
Pigmentation, hemosiderin	1 (2%)		
Thrombosis			1 (2%)
Bile duct, hyperplasia	36 (72%)	38 (79%)	36 (72%)
Centrilobular, atrophy		2 (4%)	6 (12%)
Centrilobular, degeneration	10 (20%)	14 (29%)	10 (20%)
Centrilobular, necrosis	2 (4%)	2 (4%)	2 (4%)
Hepatocyte, atrophy, focal			1 (2%)
Serosa, thrombosis		3 (6%)	
Mesentery	(1)	(2)	
Granuloma	1 (100%)	1 (50%)	
Inflammation, chronic active		1 (50%)	

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B-30

Talc, NTP TR 421

TABLE B4
Summary of the Incidence of Nonneoplastic Lesions in Female Rats in the Lifetime Inhalation Study of Talc
 (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Alimentary System (continued)			
Pancreas	(50)	(46)	(49)
Hyperplasia, nodular	1 (2%)		
Inflammation		1 (2%)	
Lobules, atrophy	7 (14%)	7 (15%)	9 (18%)
Salivary glands	(50)	(48)	(50)
Inflammation	2 (4%)		
Stomach, forestomach	(50)	(45)	(49)
Hyperkeratosis	1 (2%)		1 (2%)
Inflammation	1 (2%)		2 (4%)
Mineralization		1 (2%)	
Ulcer	9 (18%)	4 (9%)	3 (6%)
Stomach, glandular	(50)	(47)	(50)
Erosion			1 (2%)
Inflammation	1 (2%)	1 (2%)	
Mineralization	2 (4%)	2 (4%)	2 (4%)
Ulcer	3 (6%)	2 (4%)	3 (6%)
Ulcer, multiple	1 (2%)		1 (2%)
Arteriole, muscularis, lamina propria, mineralization		1 (2%)	
Cardiovascular System			
Blood vessel	(3)	(3)	(1)
Aorta, mineralization		3 (100%)	1 (100%)
Mesenteric artery, aneurysm	1 (33%)		
Mesenteric artery, inflammation	3 (100%)		
Mesenteric artery, mineralization		1 (33%)	1 (100%)
Mesenteric artery, thrombosis	1 (33%)	1 (33%)	
Heart	(50)	(48)	(50)
Cardiomyopathy	35 (70%)	40 (83%)	36 (72%)
Inflammation, focal	1 (2%)		1 (2%)
Atrium, thrombosis	5 (10%)	8 (17%)	5 (10%)
Myocardium, embolus		2 (4%)	
Myocardium, inflammation, focal		1 (2%)	
Myocardium, mineralization	1 (2%)	4 (8%)	3 (6%)
Endocrine System			
Adrenal gland, cortex	(50)	(47)	(49)
Degeneration, cystic	1 (2%)		
Degeneration, fatty	3 (6%)		
Degeneration, focal	1 (2%)	1 (2%)	
Hyperplasia, diffuse		1 (2%)	1 (2%)
Hyperplasia, focal	9 (18%)	12 (26%)	13 (27%)
Necrosis			2 (4%)
Necrosis, focal	1 (2%)	1 (2%)	
Pigmentation, hemosiderin	1 (2%)		
Adrenal gland, medulla	(48)	(47)	(49)
Cyst	1 (2%)		
Hyperplasia	20 (42%)	18 (38%)	14 (29%)
Bilateral, hyperplasia	2 (4%)	2 (4%)	2 (4%)
Parathyroid gland	(43)	(42)	(47)
Hyperplasia	3 (7%)	4 (10%)	2 (4%)
Bilateral, hyperplasia	1 (2%)		

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Lesions in Female Rats

B-31

TABLE B4

Summary of the Incidence of Nonneoplastic Lesions in Female Rats in the Lifetime Inhalation Study of Talc
(continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Endocrine System (continued)			
Pituitary gland	(50)	(47)	(50)
Cyst	2 (4%)		1 (2%)
Pars distalis, hyperplasia	10 (20%)	6 (13%)	4 (8%)
Pars distalis, necrosis			1 (2%)
Thyroid gland	(50)	(47)	(49)
C-cell, hyperplasia	10 (20%)	8 (17%)	4 (8%)
General Body System			
None			
Genital System			
Clitoral gland	(47)	(44)	(46)
Hyperplasia	2 (4%)		1 (2%)
Inflammation	1 (2%)	1 (2%)	1 (2%)
Ovary	(50)	(47)	(50)
Cyst	5 (10%)		1 (2%)
Uterus	(50)	(48)	(50)
Cyst	1 (2%)	1 (2%)	1 (2%)
Inflammation	1 (2%)	1 (2%)	
Endometrium, hyperplasia	3 (6%)		
Lamina propria, fibrosis	20 (40%)	39 (81%)	19 (38%)
Hematopoietic System			
Bone marrow	(50)	(43)	(49)
Atrophy	1 (2%)	2 (5%)	1 (2%)
Hyperplasia, histiocytic	1 (2%)		1 (2%)
Inflammation, granulomatous, focal	1 (2%)		
Myelofibrosis	1 (2%)	3 (7%)	3 (6%)
Necrosis, focal		1 (2%)	
Myeloid cell, hyperplasia	2 (4%)	2 (5%)	3 (6%)
Lymph node	(50)	(48)	(50)
Axillary, hemorrhage, chronic			1 (2%)
Lymph node, bronchial	(46)	(47)	(47)
Cyst	1 (2%)		
Fibrosis		1 (2%)	
Hemorrhage, chronic		1 (2%)	
Hyperplasia, histiocytic		40 (85%)	45 (96%)
Inflammation, suppurative	1 (2%)		
Pigmentation, hemosiderin	1 (2%)		
Lymph node, mandibular	(47)	(46)	(47)
Hyperplasia, lymphoid		1 (2%)	1 (2%)
Hyperplasia, plasma cell	2 (4%)	1 (2%)	1 (2%)
Inflammation, chronic active	1 (2%)		1 (2%)
Inflammation, suppurative			1 (2%)
Lymph node, mediastinal	(47)	(44)	(47)
Hemorrhage, chronic	1 (2%)		
Hyperplasia, histiocytic		33 (75%)	40 (85%)
Hyperplasia, lymphoid	1 (2%)		1 (2%)
Inflammation, chronic active			1 (2%)
Inflammation, suppurative	1 (2%)	1 (2%)	

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B-32

Talc, NTP TR 421

TABLE B4
Summary of the Incidence of Nonneoplastic Lesions in Female Rats in the Lifetime Inhalation Study of Talc
 (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Hematopoietic System (continued)			
Lymph node, mesenteric	(49)	(47)	(47)
Hemorrhage		1 (2%)	
Hyperplasia, lymphoid	2 (4%)	1 (2%)	2 (4%)
Hyperplasia, plasma cell	1 (2%)		
Inflammation, chronic active	4 (8%)	1 (2%)	
Inflammation, granulomatous			1 (2%)
Spleen	(50)	(48)	(50)
Atrophy	2 (4%)	2 (4%)	2 (4%)
Fibrosis, focal	3 (6%)	1 (2%)	1 (2%)
Hematopoietic cell proliferation	4 (8%)	6 (13%)	7 (14%)
Hyperplasia, lymphoid			1 (2%)
Inflammation, granulomatous, focal	1 (2%)		
Pigmentation, hemosiderin	2 (4%)		
Capsule, hemorrhage			1 (2%)
Thymus	(47)	(44)	(47)
Inflammation	1 (2%)		
Integumentary System			
Mammary gland	(50)	(48)	(50)
Galactocoele		1 (2%)	
Hyperplasia, cystic		2 (4%)	
Lobules, hyperplasia			1 (2%)
Skin	(50)	(49)	(50)
Inflammation, focal	1 (2%)		
Musculoskeletal System			
Bone	(50)	(48)	(50)
Fibrous osteodystrophy	4 (8%)	3 (6%)	4 (8%)
Hyperostosis	4 (8%)	1 (2%)	3 (6%)
Pelvis, fracture	1 (2%)		
Vertebra, cyst	1 (2%)		
Nervous System			
Brain	(50)	(48)	(50)
Compression	8 (16%)	7 (15%)	9 (18%)
Hemorrhage		1 (2%)	1 (2%)
Hydrocephalus			1 (2%)
Inflammation, focal		1 (2%)	
White matter, necrosis, focal			2 (4%)
Respiratory System			
Larynx	(50)	(48)	(48)
Inflammation, necrotizing			1 (2%)
Inflammation, suppurative	2 (4%)	1 (2%)	1 (2%)
Lung	(50)	(48)	(50)
Crystals, focal	1 (2%)		
Cyst		1 (2%)	5 (10%)
Cyst, multiple			2 (4%)
Edema	1 (2%)		
Hemorrhage		1 (2%)	1 (2%)
Hyperplasia, adenomatous, diffuse			2 (4%)

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Lesions in Female Rats

B-33

TABLE B4
Summary of the Incidence of Nonneoplastic Lesions in Female Rats in the Lifetime Inhalation Study of Talc
 (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Respiratory System (continued)			
Lung (continued)			
Inflammation, granulomatous	2 (4%)	47 (98%)	50 (100%)
Inflammation, suppurative	2 (4%)	1 (2%)	
Mineralization		2 (4%)	
Alveolar epithelium, hyperplasia	2 (4%)	27 (56%)	47 (94%)
Alveolus, metaplasia, squamous			8 (16%)
Bronchus, epithelium, degeneration, focal	1 (2%)		
Interstitial, fibrosis			1 (2%)
Interstitial, fibrosis, focal	1 (2%)	24 (50%)	44 (88%)
Interstitial, mineralization		1 (2%)	1 (2%)
Peribronchial, hyperplasia, histiocytic		8 (17%)	9 (18%)
Nose	(48)	(45)	(48)
Inflammation, suppurative		1 (2%)	
Lumen, foreign body			1 (2%)
Mucosa, inflammation, suppurative		3 (7%)	5 (10%)
Nasolacrimal duct, inflammation, suppurative	1 (2%)		
Nerve, developmental malformation	1 (2%)		
Olfactory epithelium, metaplasia		1 (2%)	
Respiratory epithelium, hyperplasia	1 (2%)	1 (2%)	2 (4%)
Respiratory epithelium, metaplasia, squamous		1 (2%)	
Trachea	(50)	(48)	(50)
Inflammation, necrotizing			1 (2%)
Inflammation, suppurative	3 (6%)	1 (2%)	2 (4%)
Special Senses System			
Eye	(2)		(2)
Cataract	2 (100%)		2 (100%)
Retina, degeneration	2 (100%)		2 (100%)
Harderian gland	(5)	(7)	(15)
Inflammation	4 (80%)	3 (43%)	3 (20%)
Urinary System			
Kidney	(49)	(47)	(49)
Abscess	1 (2%)		
Cyst		1 (2%)	1 (2%)
Cyst, multiple	1 (2%)		
Embolus, multiple		1 (2%)	
Infarct	1 (2%)		
Infarct, multiple			1 (2%)
Inflammation	1 (2%)	1 (2%)	
Nephropathy	44 (90%)	43 (91%)	42 (86%)
Capsule, inflammation		1 (2%)	
Medulla, inflammation		1 (2%)	1 (2%)
Renal tubule, necrosis	1 (2%)		2 (4%)
Urinary bladder	(50)	(45)	(50)
Inflammation			1 (2%)

^a Incidences are expressed as the ratio of animals with lesions to the number of animals examined microscopically at the site.

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B-34

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C-1

APPENDIX C SUMMARY OF LESIONS IN MALE MICE IN THE 2-YEAR INHALATION STUDY OF TALC

TABLE C1	Summary of the Incidence of Neoplasms in Male Mice in the 2-Year Inhalation Study of Talc	C-3
TABLE C2	Individual Animal Tumor Pathology of Male Mice in the 2-Year Inhalation Study of Talc	C-6
TABLE C3	Statistical Analysis of Primary Neoplasms in Male Mice in the 2-Year Inhalation Study of Talc	C-24
TABLE C4	Summary of the Incidence of Nonneoplastic Lesions in Male Mice in the 2-Year Inhalation Study of Talc	C-28

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C-2

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Lesions in Male Mice

C-3

TABLE C1
Summary of the Incidence of Neoplasms in Male Mice in the 2-Year Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Disposition Summary			
Animals initially in study	50	50	50
Early deaths			
Moribund	1	2	3
Natural deaths	16	18	14
Survivors			
Terminal sacrifice	30	28	32
Missed	1	1	0
Missing	2	1	1
Animals examined microscopically	46	47	49
Alimentary System			
Gallbladder	(31)	(29)	(35)
Intestine large, colon	(36)	(38)	(39)
Intestine small, duodenum	(32)	(30)	(34)
Intestine small, ileum	(33)	(32)	(35)
Adenocarcinoma		1 (3%)	
Liver	(45)	(47)	(48)
Hemangiosarcoma	1 (2%)		1 (2%)
Hemangiosarcoma, metastatic, spleen	1 (2%)		
Hepatocellular carcinoma	6 (13%)	5 (11%)	11 (23%)
Hepatocellular adenoma	1 (2%)	8 (17%)	4 (8%)
Hepatocellular adenoma, multiple	2 (4%)	1 (2%)	
Pancreas	(42)	(39)	(42)
Hepatocellular carcinoma, metastatic, liver	1 (2%)		
Salivary glands	(45)	(46)	(47)
Stomach, glandular	(39)	(43)	(43)
Cardiovascular System			
Heart	(45)	(46)	(49)
Alveolar/bronchiolar carcinoma, metastatic, lung			1 (2%)
Endocrine System			
Adrenal gland	(43)	(46)	(47)
Spindle cell, adenoma	1 (2%)	1 (2%)	1 (2%)
Adrenal gland, cortex	(43)	(46)	(47)
Adenoma		1 (2%)	1 (2%)
Adrenal gland, medulla	(39)	(39)	(42)
Pheochromocytoma malignant	1 (3%)		
Pituitary gland	(44)	(44)	(46)
Adenoma	1 (2%)		
Pars intermedia, adenoma		2 (5%)	
Thyroid gland	(45)	(46)	(45)
Follicular cell, adenoma			2 (4%)
General Body System			
Tissue NOS		(3)	(2)
Hemangioma			1 (50%)
Hemangiosarcoma, metastatic, spleen			1 (50%)

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C-4

Talc, NTP TR 421

TABLE C1
Summary of the Incidence of Neoplasms in Male Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Genital System			
Epididymis	(39)	(39)	(42)
Prostate	(40)	(43)	(44)
Seminal vesicle	(41)	(43)	(39)
Testes	(43)	(44)	(45)
Hemangiosarcoma	1 (2%)		
Hematopoietic System			
Bone marrow	(40)	(42)	(43)
Hemangiosarcoma, metastatic, spleen	1 (3%)		
Lymph node	(45)	(46)	(48)
Lymph node, bronchial	(32)	(39)	(44)
Alveolar/bronchiolar carcinoma, metastatic, lung			1 (2%)
Lymph node, mandibular	(23)	(23)	(19)
Hemangiosarcoma, metastatic, spleen			1 (5%)
Lymph node, mediastinal	(9)	(10)	(7)
Lymph node, mesenteric	(36)	(39)	(40)
Hemangiosarcoma, metastatic, spleen			1 (3%)
Spleen	(44)	(44)	(47)
Hemangiosarcoma	2 (5%)		2 (4%)
Thymus	(34)	(33)	(40)
Alveolar/bronchiolar carcinoma, metastatic, lung			1 (3%)
Integumentary System			
None			
Musculoskeletal System			
Bone	(46)	(47)	(49)
Hemangiosarcoma, metastatic, spleen			1 (2%)
Skeletal muscle			(1)
Thoracic, alveolar/bronchiolar carcinoma, metastatic, lung			1 (100%)
Nervous System			
None			
Respiratory System			
Lung	(45)	(47)	(48)
Alveolar/bronchiolar adenoma	6 (13%)	4 (9%)	7 (15%)
Alveolar/bronchiolar adenoma, multiple			2 (4%)
Alveolar/bronchiolar carcinoma	6 (13%)	2 (4%)	2 (4%)
Alveolar/bronchiolar carcinoma, multiple	1 (2%)		
Hemangiosarcoma, metastatic, liver	1 (2%)		
Hemangiosarcoma, metastatic, spleen			1 (2%)
Hepatocellular carcinoma, metastatic, liver		1 (2%)	2 (4%)
Special Senses System			
Harderian gland	(1)		(4)
Adenoma	1 (100%)		4 (100%)

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Lesions in Male Mice

C-5

TABLE C1
Summary of the Incidence of Neoplasms in Male Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Urinary System			
Kidney	(45)	(46)	(48)
Carcinoma, metastatic, uncertain primary site	1 (2%)		
Urinary bladder	(43)	(38)	(43)
Sarcoma	1 (2%)		
Systemic Lesions			
Multiple organs ^b	(46)	(47)	(49)
Lymphoma malignant lymphocytic		1 (2%)	
Lymphoma malignant mixed	2 (4%)		
Lymphoma malignant undifferentiated cell	3 (7%)		
Tumor Summary			
Total animals with primary neoplasms ^c	26	20	28
Total primary neoplasms	36	26	38
Total animals with benign neoplasms	11	16	18
Total benign neoplasms	12	17	22
Total animals with malignant neoplasms	20	8	15
Total malignant neoplasms	24	9	16
Total animals with metastatic neoplasms	4	1	4
Total metastatic neoplasms	5	1	11
Total animals with malignant neoplasms, uncertain primary site	1		

^a Incidences are expressed as the ratio of animals with lesions to the number of animals examined microscopically at the site.

^b Number of animals with any tissue examined microscopically

^c Primary tumors: all tumors except metastatic tumors

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C-6

Talc, NTP TR 421

TABLE C2
Individual Animal Tumor Pathology of Male Mice in the 2-Year Inhalation Study of Talc: 0 mg/m³

	0 4 4 4 4 5 5 5 5 5 5 5 6 6 6 7 7 7 7 7 7																			
Number of Days on Study	0 3 3 8 8 1 4 7 7 8 8 8 2 7 8 1 3 3 3 3 3																			
	8 2 7 4 6 8 3 1 9 5 7 7 9 7 4 0 6 6 6 6 6																			
Carcass ID Number	4 3 4 5 3 3 4 4 5 3 4 5 5 4 4 5 3 3 3 3 3																			
	3 9 5 1 7 7 9 0 1 9 8 1 2 9 5 1 6 6 6 7 7																			
	5 1 4 2 4 2 4 5 5 5 9 8 3 3 5 7 1 4 7 0 1																			
	1 1																			
Alimentary System																				
Esophagus	M	M	+	M	+	+	+	+	+	M	+	M	+	+	+	+	+	+	+	+
Gallbladder	M	M	M	M	A	A	A	A	M	+	+	A	A	+	+	A	M	+	M	+
Intestine large	A	+	A	A	A	A	A	A	A	+	+	A	A	+	+	A	+	+	+	+
Intestine large, cecum	A	+	A	A	A	A	A	A	A	+	+	A	A	+	+	A	+	+	+	+
Intestine large, colon	A	+	A	A	A	A	A	A	A	+	+	A	+	+	+	A	+	+	+	+
Intestine large, rectum	A	+	A	A	A	A	A	A	A	+	+	A	M	M	+	A	+	+	+	+
Intestine small	A	+	A	A	A	A	A	A	A	+	+	A	A	+	+	A	+	+	+	+
Intestine small, duodenum	A	A	A	A	A	A	A	A	A	+	+	A	A	+	+	A	+	+	+	+
Intestine small, ileum	A	+	A	A	A	A	A	A	A	+	+	A	A	+	+	A	+	+	+	+
Intestine small, jejunum	A	+	A	A	A	A	A	A	A	+	+	A	A	+	+	A	+	+	+	+
Liver	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemangiosarcoma																	X			
Hemangiosarcoma, metastatic, spleen																				
Hepatocellular carcinoma									X	X		X				X	X	X		
Hepatocellular adenoma																				
Hepatocellular adenoma, multiple																				
Pancreas	M	+	+	+	+	A	+	A	+	+	+	+	+	+	+	A	+	+	+	+
Hepatocellular carcinoma, metastatic, liver														X						
Salivary glands	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, forestomach	A	+	+	+	+	+	+	+	+	I	+	+	M	+	+	+	+	+	+	+
Stomach, glandular	A	+	A	+	A	M	+	A	+	+	+	A	+	+	+	+	+	+	+	+
Cardiovascular System																				
Heart	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Endocrine System																				
Adrenal gland	A	+	+	+	M	+	+	+	+	+	+	+	+	+	+	I	+	+	+	+
Spindle cell, adenoma																				
Adrenal gland, cortex	A	+	+	+	M	+	+	+	+	+	+	+	+	+	+	I	+	+	+	+
Adrenal gland, medulla	A	+	+	+	M	M	+	+	+	+	+	+	I	+	+	+	M	+	+	M
Pheochromocytoma malignant																				
Islets, pancreatic	M	+	I	+	+	M	+	A	+	M	+	A	+	I	M	I	+	+	+	M
Parathyroid gland	M	M	M	+	M	M	M	+	+	+	+	+	+	+	+	+	M	M	M	M
Pituitary gland	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma																				
Thyroid gland	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

+: Tissue examined microscopically
A: Autolysis precludes examination

M: Missing tissue
I: Insufficient tissue

X: Lesion present
Blank: Not examined

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C-8

Talc, NTP TR 421

TABLE C2
Individual Animal Tumor Pathology of Male Mice in the 2-Year Inhalation Study of Talc: 0 mg/m³ (continued)

Number of Days on Study	0 4 4 4 4 5 5 5 5 5 5 5 6 6 6 7 7 7 7 7 7 7
	0 3 3 8 8 1 4 7 7 8 8 8 2 7 8 1 3 3 3 3 3 3
	8 2 7 4 6 8 3 1 9 5 7 7 9 7 4 0 6 6 6 6 6 6
Carcass ID Number	4 3 4 5 3 3 4 4 5 3 4 5 5 4 4 5 3 3 3 3 3 3
	3 9 5 1 7 7 9 0 1 9 8 1 2 9 5 1 6 6 6 7 7 7
	5 1 4 2 4 2 4 5 5 5 9 8 3 3 5 7 1 4 7 0 1 5
	1 1
General Body System	
None	
Genital System	
Epididymis	+ + + M + + + + + + + + + M + + M + + M I
Preputial gland	+
Prostate	M + M M + I + + + + + + + + I + + + + + + +
Seminal vesicle	+ + + A + M + + + + + A A + + A + + + + + +
Testes	A + + M + + + A + + + + + + + + + + + + + + +
Hemangiosarcoma	
Hematopoietic System	
Bone marrow	A + A + + A + A + A + A + + + + + + + + + +
Hemangiosarcoma, metastatic, spleen	
Lymph node	M +
Lymph node, bronchial	M M + I + + M + + + + I I + + + + + + + + +
Lymph node, mandibular	M M M M + M + M M M M M + M M M + M M + +
Lymph node, mediastinal	M M M M I M + M M + M M M M M M M M M M +
Lymph node, mesenteric	M + A M + M + M + + M A + + + + + + + + I M
Spleen	A +
Hemangiosarcoma	
Thymus	M I M M + M M A + M + + + I + + M + + + + +
Integumentary System	
Mammary gland	M M M M M M M + M + M I M M M M M M M M M
Skin	+ + + + + + + + + + + + + + + M + + + + + + +
Musculoskeletal System	
Bone	+ +
Nervous System	
Brain	+ +

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C-10

Talc, NTP TR 421

TABLE C2
Individual Animal Tumor Pathology of Male Mice in the 2-Year Inhalation Study of Talc: 0 mg/m³ (continued)

	0	4	4	4	4	5	5	5	5	5	5	5	6	6	6	7	7	7	7	7	7	7	7	7
Number of Days on Study	0	3	3	8	8	1	4	7	7	8	8	8	2	7	8	1	3	3	3	3	3	3	3	3
	8	2	7	4	6	8	3	1	9	5	7	7	9	7	4	0	6	6	6	6	6	6	6	6
	4	3	4	5	3	3	4	4	5	3	4	5	5	4	4	5	3	3	3	3	3	3	3	3
Carcass ID Number	3	9	5	1	7	7	9	0	1	9	8	1	2	9	5	1	6	6	6	7	7	7	7	7
	5	1	4	2	4	2	4	5	5	5	9	8	3	3	5	7	1	4	7	0	1	5	5	5
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Respiratory System																								
Larynx	A	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lung	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolar/bronchiolar adenoma																								
Alveolar/bronchiolar carcinoma																								
Alveolar/bronchiolar carcinoma, multiple																								
Hemangiosarcoma, metastatic, liver																								
Nose	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Trachea	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+
Special Senses System																								
Ear																								
Harderian gland																								
Adenoma																								
Urinary System																								
Kidney	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, metastatic, uncertain primary site																								
Urinary bladder	A	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma																								
Systemic Lesions																								
Multiple organs	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymphoma malignant mixed																								
Lymphoma malignant undifferentiated cell type																								

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C-12

Talc, NTP TR 421

TABLE C2
Individual Animal Tumor Pathology of Male Mice in the 2-Year Inhalation Study of Talc: 6 mg/m³

Number of Days on Study	2	2	3	4	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	7	7
	5	5	4	2	4	5	5	8	9	9	2	2	3	8	8	8	1	1	2	3	3
	3	3	4	3	6	0	8	4	0	1	4	6	3	1	5	8	0	9	2	6	6
Carcass ID Number	0	1	0	0	1	1	0	1	1	1	0	0	0	1	1	0	0	1	1	0	0
	3	3	4	0	2	6	4	5	5	2	4	7	3	5	0	6	1	5	3	0	0
	5	3	2	7	1	4	0	1	6	9	1	4	8	7	0	1	5	4	2	1	4
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alimentary System																					
Esophagus	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Gallbladder	A	M	I	M	A	A	A	A	+	A	+	I	A	A	A	+	A	A	M	+	+
Intestine large	A	+	+	A	A	A	A	A	+	A	+	+	A	+	A	+	+	+	+	+	+
Intestine large, cecum	A	A	+	A	A	A	A	A	+	A	+	A	A	+	A	+	+	+	+	+	+
Intestine large, colon	A	+	+	A	A	A	A	A	+	A	+	+	A	+	A	+	+	+	+	+	+
Intestine large, rectum	A	+	+	A	A	A	M	A	+	A	+	A	A	+	A	+	+	M	+	+	+
Intestine small	A	A	+	A	A	A	A	A	+	A	+	A	A	+	A	+	A	+	A	+	+
Intestine small, duodenum	A	A	+	A	A	A	A	A	A	+	A	A	A	+	A	+	A	+	A	+	M
Intestine small, ileum	A	A	A	A	A	A	A	A	+	A	+	A	A	A	+	A	+	A	+	+	+
Adenocarcinoma																					
Intestine small, jejunum	A	A	+	A	A	A	A	+	A	+	A	+	A	+	A	+	A	A	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular carcinoma					X	X						X				X					
Hepatocellular adenoma												X				X					X
Hepatocellular adenoma, multiple																					
Pancreas	M	A	+	A	A	M	M	+	+	+	+	+	M	+	+	+	+	+	+	+	+
Salivary glands	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach	+	+	+	A	+	A	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+
Stomach, forestomach	+	+	+	A	+	A	A	+	+	+	+	I	A	+	+	+	+	I	+	+	+
Stomach, glandular	+	+	+	A	+	A	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+
Tooth	+																				
Cardiovascular System																					
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Endocrine System																					
Adrenal gland	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spindle cell, adenoma																					
Adrenal gland, cortex	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma																					
Adrenal gland, medulla	A	+	+	+	+	+	+	+	+	+	+	I	+	+	M	+	+	+	M	M	+
Islets, pancreatic	M	A	M	A	M	A	M	M	+	+	+	+	M	+	I	M	+	+	+	M	M
Parathyroid gland	M	M	M	+	+	I	M	M	M	M	+	+	M	M	+	+	+	+	M	M	M
Pituitary gland	+	+	I	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pars intermedia, adenoma																X					
Thyroid gland	+	+	+	+	+	+	+	I	+	+	+	+	+	+	+	+	+	+	+	+	+

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C-14

Talc, NTP TR 421

TABLE C2
Individual Animal Tumor Pathology of Male Mice in the 2-Year Inhalation Study of Talc: 6 mg/m³ (continued)

Number of Days on Study	2 2 3 4 5 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7
	5 5 4 2 4 5 5 8 9 9 2 2 3 8 8 8 1 1 2 3 3 3
	3 3 4 3 6 0 8 4 0 1 4 6 3 1 5 8 0 9 2 6 6 6
Carcass ID Number	0 1 0 0 1 1 0 1 1 1 0 0 0 1 1 0 0 1 1 0 0 0
	3 3 4 0 2 6 4 5 5 2 4 7 3 5 0 6 1 5 3 0 0 0
	5 3 2 7 1 4 0 1 6 9 1 4 8 7 0 1 5 4 2 1 4 5
	1 1
General Body System Tissue NOS	+ + +
Genital System	
Epididymis	A +
Preputial gland	+ + + + + + + + + + + + + + + + + + + +
Prostate	+ + M A I A + + + + + + + + + + + + + + +
Seminal vesicle	A + + A + A + + + + + + + + + + + + + + +
Testes	A + + + + A + + + + + + + + + + + + + + +
Hematopoietic System	
Bone marrow	+ + + + A A + A A A + + + + + + + + + + +
Lymph node	+ M +
Lymph node, bronchial	+ + + + M + I + + + + + + + + + + + + + + M +
Lymph node, mandibular	M M + M M + + + + M + M M M + M + + + M M M
Lymph node, mediastinal	M M M M M + M M M + M M M M M M M + + M M M
Lymph node, mesenteric	M M M M + M + + + + + + + + + + + + + + M +
Spleen	A + + + + A A + + + + + + + + + + + + + + +
Thymus	A M M M + + + I + + M + M + I M + + + + + + +
Integumentary System	
Mammary gland	M M M M M A M M M M M M M M + M + + M + M M
Skin	+ +
Musculoskeletal System	
Bone	+ +
Nervous System	
Brain	+ +
Respiratory System	
Larynx	A + + A + A A + + + + + A + + + + + + + I + +
Lung	+ +
Alveolar/bronchiolar adenoma	
Alveolar/bronchiolar carcinoma	X
Hepatocellular carcinoma, metastatic, liver	
Nostril	+ + + + + A + + + + + + + + + + + + + + + +
Trachea	+ + + + + A I + + + + + A + + + + + + + + + +

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Talc, NTP TR 421

C-16

TABLE C2
Individual Animal Tumor Pathology of Male Mice in the 2-Year Inhalation Study of Talc: 6 mg/m³ (continued)

Number of Days on Study	2	2	3	4	5	5	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	7	7
	5	5	4	2	4	5	5	8	9	9	2	2	3	8	8	8	1	1	2	3	3	3	3
	3	3	4	3	6	0	8	4	0	1	4	6	3	1	5	8	0	9	2	6	6	6	6
Carcass ID Number	0	1	0	0	1	1	0	1	1	1	0	0	0	1	1	0	0	1	1	0	0	0	0
	3	3	4	0	2	6	4	5	5	2	4	7	3	5	0	6	1	5	3	0	0	0	0
	5	3	2	7	1	4	0	1	6	9	1	4	8	7	0	1	5	4	2	1	4	5	8
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Special Senses System																							
None																							
Urinary System																							
Kidney	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Urinary bladder	A	+	+	A	+	A	A	A	+	+	+	+	A	+	A	+	A	+	+	+	+	+	+
Systemic Lesions																							
Multiple organs	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymphoma malignant lymphocytic																						X	

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C-17

Individual Animal	Tumor Pathology	St. Mark's ID	St. Mark's No.
Number of Days on Study	7 7	3 3	6 6 7 7 7 7 7 7 7 7 7 8 8 8 8 8 8 9 9 9 9 0 0 0 0 0
Carcass ID Number	0 0	1 1 3 3 6 6 6 7 7 9 9 9 9 9 0 0 2 3 5 3 9 2 2 5 6	Total Tissues/Tumors
Special Senses System	None	1 1	
Urinary System			
Kidney	+	+	46
Urinary bladder	+	+	38
Systemic Lesions			
Multiple organs	+	+	47
Lymphoma malignant lymphocytic			1

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Individual Animal Tumor Pathology of Male Rats in F ₁ Generation	
Number of Days on Study	0 1 1 1 4 4 4, 4 5 5 5 6 6 7 7 7 7 7 7 7 7 7 7 2 1 1 5 2 3 5 7 3 4 5 5 7 2 2 2 2 3 3 3 3 3 3 8 4 5 9 2 8 7 8 8 1 4 8 2 1 4 5 7 6 6 6 6 6 6
Carcass ID Number	1 1 1 3 2 1 2 2 1 2 2 2 2 2 2 3 3 1 1 1 1 2 2 2 8 8 9 1 8 8 2 1 8 7 4 8 4 8 1 0 4 8 8 9 9 1 1 1 7 3 5 0 5 6 1 9 5 7 9 3 1 2 5 6 3 4 9 2 3 1 3 4 1
Respiratory System	
Larynx	+
Lung	+
Alveolar/bronchiolar adenoma	X
Alveolar/bronchiolar adenoma, multiple	X
Alveolar/bronchiolar carcinoma	X
Hemangiosarcoma, metastatic, spleen	X
Hepatocellular carcinoma, metastatic, liver	X
Nose	+
Trachea	+
Special Senses System	
Harderian gland	+
Adenoma	X
Urinary System	
Kidney	+
Urinary bladder	+
Systemic Lesions	
Multiple organs	+

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Talc, NTP TR 421

C-24

TABLE C3
Statistical Analysis of Primary Neoplasms in Male Mice in the 2-Year Inhalation Study of Talc

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Harderian Gland: Adenoma			
Overall rates ^a	1/46 (2%)	0/47 (0%)	4/49 (8%)
Adjusted rates ^b	3.3%	0.0%	12.0%
Terminal rates ^c	1/30 (3%)	0/28 (0%)	3/32 (9%)
First incidence (days)	736 (T)	- ^e	725
Life table tests ^d	P=0.073	P=0.514N	P=0.204
Logistic regression tests ^d	P=0.075	P=0.514N	P=0.216
Cochran-Armitage test ^d	P=0.065		
Fisher exact test ^d		P=0.495N	P=0.201
Liver: Hepatocellular Adenoma			
Overall rates	3/45 (7%)	9/47 (19%)	4/48 (8%)
Adjusted rates	10.0%	29.5%	11.8%
Terminal rates	3/30 (10%)	7/28 (25%)	3/32 (9%)
First incidence (days)	736 (T)	633	672
Life table tests	P=0.489N	P=0.050	P=0.539
Logistic regression tests	P=0.493N	P=0.061	P=0.552
Cochran-Armitage test	P=0.515N		
Fisher exact test		P=0.070	P=0.536
Liver: Hepatocellular Carcinoma			
Overall rates	6/45 (13%)	5/47 (11%)	11/48 (23%)
Adjusted rates	16.7%	13.7%	27.3%
Terminal rates	2/30 (7%)	1/28 (4%)	5/32 (16%)
First incidence (days)	571	546	438
Life table tests	P=0.114	P=0.491N	P=0.187
Logistic regression tests	P=0.116	P=0.445N	P=0.203
Cochran-Armitage test	P=0.097		
Fisher exact test		P=0.469N	P=0.177
Liver: Hepatocellular Adenoma or Carcinoma			
Overall rates	9/45 (20%)	13/47 (28%)	14/48 (29%)
Adjusted rates	25.6%	38.1%	34.5%
Terminal rates	5/30 (17%)	8/28 (29%)	7/32 (22%)
First incidence (days)	571	546	438
Life table tests	P=0.256	P=0.228	P=0.230
Logistic regression tests	P=0.216	P=0.257	P=0.223
Cochran-Armitage test	P=0.225		
Fisher exact test		P=0.269	P=0.217
Lung: Alveolar/bronchiolar Adenoma			
Overall rates	6/45 (13%)	4/47 (9%)	9/48 (19%)
Adjusted rates	20.0%	14.3%	27.0%
Terminal rates	6/30 (20%)	4/28 (14%)	8/32 (25%)
First incidence (days)	736 (T)	736 (T)	672
Life table tests	P=0.224	P=0.411N	P=0.333
Logistic regression tests	P=0.251	P=0.411N	P=0.371
Cochran-Armitage test	P=0.210		
Fisher exact test		P=0.342N	P=0.336

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Lesions in Male Mice

C-25

TABLE C3
Statistical Analysis of Primary Neoplasms in Male Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Lung: Alveolar/bronchiolar Carcinoma			
Overall rates	7/45 (16%)	2/47 (4%)	2/48 (4%)
Adjusted rates	23.3%	5.9%	5.2%
Terminal rates	7/30 (23%)	1/28 (4%)	0/32 (0%)
First incidence (days)	736 (T)	558	438
Life table tests	P=0.068N	P=0.093N	P=0.068N
Logistic regression tests	P=0.069N	P=0.073N	P=0.070N
Cochran-Armitage test	P=0.065N		
Fisher exact test		P=0.069N	P=0.065N
Lung: Alveolar/bronchiolar Adenoma or Carcinoma			
Overall rates	12/45 (27%)	5/47 (11%)	11/48 (23%)
Adjusted rates	40.0%	16.4%	30.8%
Terminal rates	12/30 (40%)	4/28 (14%)	8/32 (25%)
First incidence (days)	736 (T)	558	438
Life table tests	P=0.533N	P=0.063N	P=0.426N
Logistic regression tests	P=0.552N	P=0.043N	P=0.423N
Cochran-Armitage test	P=0.554N		
Fisher exact test		P=0.043N	P=0.429N
Pituitary Gland (Pars Intermedia): Adenoma			
Overall rates	0/44 (0%)	2/44 (5%)	0/46 (0%)
Adjusted rates	0.0%	6.5%	0.0%
Terminal rates	0/29 (0%)	1/27 (4%)	0/32 (0%)
First incidence (days)	-	681	- ^f
Life table tests	P=0.547N	P=0.238	-
Logistic regression tests	P=0.566N	P=0.239	-
Cochran-Armitage test	P=0.564N		
Fisher exact test		P=0.247	-
Spleen: Hemangiosarcoma			
Overall rates	2/44 (5%)	0/44 (0%)	2/47 (4%)
Adjusted rates	6.9%	0.0%	5.5%
Terminal rates	2/29 (7%)	0/28 (0%)	0/32 (0%)
First incidence (days)	736 (T)	-	672
Life table tests	P=0.595	P=0.246N	P=0.650N
Logistic regression tests	P=0.581	P=0.246N	P=0.668N
Cochran-Armitage test	P=0.577		
Fisher exact test		P=0.247N	P=0.666N
All Organs: Hemangiosarcoma			
Overall rates	4/46 (9%)	0/47 (0%)	3/49 (6%)
Adjusted rates	12.9%	0.0%	8.4%
Terminal rates	3/30 (10%)	0/28 (0%)	1/32 (3%)
First incidence (days)	710	-	672
Life table tests	P=0.529N	P=0.071N	P=0.448N
Logistic regression tests	P=0.545N	P=0.060N	P=0.456N
Cochran-Armitage test	P=0.554N		
Fisher exact test		P=0.056N	P=0.464N

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C-26

Talc, NTP TR 421

TABLE C3
Statistical Analysis of Primary Neoplasms in Male Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
All Organs: Hemangioma or Hemangiosarcoma			
Overall rates	4/46 (9%)	0/47 (0%)	4/49 (8%)
Adjusted rates	12.9%	0.0%	11.4%
Terminal rates	3/30 (10%)	0/28 (0%)	2/32 (6%)
First incidence (days)	710	—	672
Life table tests	P=0.515	P=0.071N	P=0.590N
Logistic regression tests	P=0.505	P=0.060N	P=0.598N
Cochran-Armitage test	P=0.492		
Fisher exact test		P=0.056N	P=0.607N
All Organs: Malignant Lymphoma (Lymphocytic, Mixed, or Undifferentiated Cell Type)			
Overall rates	5/46 (11%)	1/47 (2%)	0/49 (0%)
Adjusted rates	16.7%	3.6%	0.0%
Terminal rates	5/30 (17%)	1/28 (4%)	0/32 (0%)
First incidence (days)	736 (T)	736 (T)	—
Life table tests	P=0.019N	P=0.116N	P=0.027N
Logistic regression tests	P=0.019N	P=0.116N	P=0.027N
Cochran-Armitage test	P=0.020N		
Fisher exact test		P=0.097N	P=0.024N
All Organs: Benign Tumors			
Overall rates	11/46 (24%)	16/47 (34%)	18/49 (37%)
Adjusted rates	35.2%	51.1%	51.4%
Terminal rates	10/30 (33%)	13/28 (46%)	15/32 (47%)
First incidence (days)	587	633	672
Life table tests	P=0.158	P=0.135	P=0.127
Logistic regression tests	P=0.154	P=0.188	P=0.138
Cochran-Armitage test	P=0.139		
Fisher exact test		P=0.199	P=0.128
All Organs: Malignant Tumors			
Overall rates	20/46 (43%)	8/47 (17%)	15/49 (31%)
Adjusted rates	58.3%	23.3%	35.9%
Terminal rates	16/30 (53%)	4/28 (14%)	6/32 (19%)
First incidence (days)	571	546	438
Life table tests	P=0.253N	P=0.012N	P=0.166N
Logistic regression tests	P=0.262N	P=0.005N	P=0.152N
Cochran-Armitage test	P=0.245N		
Fisher exact test		P=0.005N	P=0.139N
All Organs: Benign or Malignant Tumors			
Overall rates	26/46 (57%)	20/47 (43%)	28/49 (57%)
Adjusted rates	76.2%	58.0%	66.5%
Terminal rates	22/30 (73%)	14/28 (50%)	18/32 (56%)
First incidence (days)	571	546	438
Life table tests	P=0.442	P=0.208N	P=0.554
Logistic regression tests	P=0.344	P=0.102N	P=0.503
Cochran-Armitage test	P=0.399		
Fisher exact test		P=0.127N	P=0.558

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Lesions in Male Mice

C-27

TABLE C3
Statistical Analysis of Primary Neoplasms in Male Mice in the 2-Year Inhalation Study of Talc (continued)

- (T) Terminal sacrifice
- ^a Number of tumor-bearing animals/number of animals examined. Denominator is number of animals examined microscopically for adrenal gland, bone marrow, brain, clitoral gland, epididymis, gallbladder (mouse), heart, kidney, larynx, liver, lung, nose, ovary, pancreas, parathyroid gland, pituitary gland, preputial gland, prostate gland, salivary gland, spleen, testes, thyroid gland, and urinary bladder; for other tissues, denominator is number of animals necropsied.
- ^b Kaplan-Meier estimated tumor incidence at the end of the study after adjustment for intercurrent mortality
- ^c Observed incidence at terminal kill
- ^d Beneath the control incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between the controls and that dosed group. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The logistic regression tests regard these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. For all tests, a negative trend or a lower incidence in a dose group is indicated by N.
- ^e Not applicable; no tumors in animal group
- ^f Value of statistic cannot be computed.

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C-28

Talc, NTP TR 421

TABLE C4

Summary of the Incidence of Nonneoplastic Lesions in Male Mice in the 2-Year Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Disposition Summary			
Animals initially in study	50	50	50
Early deaths			
Moribund	1	2	3
Natural deaths	16	18	14
Survivors			
Terminal sacrifice	30	28	32
Missexed	1	1	0
Missing	2	1	1
Animals examined microscopically	46	47	49
Alimentary System			
Gallbladder	(31)	(29)	(35)
Dilatation			1 (3%)
Epithelium, hyperplasia, papillary			1 (3%)
Intestine large, cecum	(34)	(35)	(37)
Hyperplasia, lymphoid		1 (3%)	3 (8%)
Intestine large, colon	(36)	(38)	(39)
Hyperplasia, lymphoid	1 (3%)		
Intestine large, rectum	(32)	(32)	(31)
Serosa, inflammation, suppurative		1 (3%)	
Intestine small, duodenum	(32)	(30)	(34)
Hyperplasia, lymphoid			1 (3%)
Mucosa, atrophy	3 (9%)	7 (23%)	3 (9%)
Intestine small, ileum	(33)	(32)	(35)
Hyperplasia, lymphoid	5 (15%)	3 (9%)	5 (14%)
Mucosa, atrophy	3 (9%)	5 (16%)	4 (11%)
Peyer's patch, necrosis	1 (3%)		
Intestine small, jejunum	(32)	(31)	(36)
Hyperplasia, lymphoid			1 (3%)
Mucosa, atrophy	3 (9%)	3 (10%)	2 (6%)
Liver	(45)	(47)	(48)
Abscess	1 (2%)		1 (2%)
Focal cellular change	4 (9%)	3 (6%)	5 (10%)
Hematocyst		1 (2%)	
Hematopoietic cell proliferation		2 (4%)	
Infarct	2 (4%)		
Inflammation, focal		3 (6%)	1 (2%)
Mineralization, focal		1 (2%)	
Necrosis, focal	4 (9%)	5 (11%)	4 (8%)
Pigmentation, hemosiderin, focal			1 (2%)
Bile duct, hyperplasia, focal			1 (2%)
Serosa, inflammation, suppurative			1 (2%)
Pancreas	(42)	(39)	(42)
Serosa, inflammation, suppurative			1 (2%)
Stomach, forestomach	(43)	(41)	(46)
Hyperplasia, squamous, focal		1 (2%)	1 (2%)
Tooth		(3)	
Dysplasia		3 (100%)	
Cardiovascular System			
Heart	(45)	(46)	(49)
Thrombosis		1 (2%)	1 (2%)
Coronary artery, mineralization		1 (2%)	
Myocardium, degeneration, focal	1 (2%)		
Myocardium, fibrosis, focal		1 (2%)	

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Lesions in Male Mice

C-29

TABLE C4
Summary of the Incidence of Nonneoplastic Lesions in Male Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Endocrine System			
Adrenal gland	(43)	(46)	(47)
Spindle cell, hyperplasia	38 (88%)	37 (80%)	35 (74%)
Adrenal gland, cortex	(43)	(46)	(47)
Atrophy	1 (2%)		
Hyperplasia, focal		1 (2%)	
Vacuolization cytoplasmic, focal		3 (7%)	4 (9%)
Parathyroid gland	(25)	(21)	(26)
Cyst	3 (12%)	1 (5%)	
Pituitary gland	(44)	(44)	(46)
Cyst	1 (2%)		1 (2%)
Pigmentation, lipofuscin	1 (2%)		
Thyroid gland	(45)	(46)	(45)
Cyst	2 (4%)	1 (2%)	1 (2%)
Follicular cell, hyperplasia	4 (9%)	8 (17%)	8 (18%)
General Body System			
None			
Genital System			
Epididymis	(39)	(39)	(42)
Inflammation, suppurative	1 (3%)	1 (3%)	
Preputial gland	(8)	(6)	(8)
Dilatation	7 (88%)	6 (100%)	8 (100%)
Inflammation	3 (38%)		1 (13%)
Prostate	(40)	(43)	(44)
Inflammation, suppurative	3 (8%)	7 (16%)	4 (9%)
Epithelium, hyperplasia		1 (2%)	
Seminal vesicle	(41)	(43)	(39)
Inflammation, suppurative		2 (5%)	1 (3%)
Testes	(43)	(44)	(45)
Aspermatogenesis, diffuse			1 (2%)
Atrophy, diffuse			1 (2%)
Hypospermia	1 (2%)	2 (5%)	
Inflammation, suppurative		1 (2%)	
Seminiferous tubule, degeneration, focal	3 (7%)	4 (9%)	1 (2%)
Hematopoietic System			
Bone marrow	(40)	(42)	(43)
Hyperplasia	4 (10%)	1 (2%)	1 (2%)
Myelofibrosis	2 (5%)	2 (5%)	
Myeloid cell, hyperplasia	4 (10%)	7 (17%)	1 (2%)
Lymph node	(45)	(46)	(48)
Iliac, hyperplasia, lymphoid	1 (2%)		
Iliac, hyperplasia, plasma cell	1 (2%)		
Lumbar, hyperplasia, lymphoid	1 (2%)	1 (2%)	
Lumbar, hyperplasia, plasma cell		1 (2%)	
Pancreatic, inflammation, granulomatous		1 (2%)	
Renal, depletion lymphoid			1 (2%)
Renal, hyperplasia, lymphoid			1 (2%)

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C-30

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TABLE C4

Summary of the Incidence of Nonneoplastic Lesions in Male Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Hematopoietic System (continued)			
Lymph node, bronchial	(32)	(39)	(44)
Abscess			1 (2%)
Hyperplasia, histiocytic	1 (3%)	32 (82%)	42 (95%)
Hyperplasia, histiocytic, lymphoid		1 (3%)	
Hyperplasia, lymphoid	3 (9%)	10 (26%)	23 (52%)
Infiltration cellular, mixed cell	3 (9%)	1 (3%)	3 (7%)
Inflammation, acute	1 (3%)		
Follicular, necrosis	1 (3%)		
Lymph node, mandibular	(23)	(23)	(19)
Hyperplasia, histiocytic		1 (4%)	1 (5%)
Hyperplasia, lymphoid			1 (5%)
Follicular, necrosis			
Lymph node, mediastinal	(9)	(10)	(7)
Hyperplasia, histiocytic	1 (11%)	1 (10%)	2 (29%)
Hyperplasia, lymphoid		2 (20%)	
Lymph node, mesenteric	(36)	(39)	(40)
Depletion lymphoid	1 (3%)		2 (5%)
Hyperplasia, lymphoid	4 (11%)	3 (8%)	6 (15%)
Infiltration cellular, mixed cell	18 (50%)	20 (51%)	13 (33%)
Inflammation, granulomatous		1 (3%)	
Thrombosis			1 (3%)
Follicular, necrosis		6 (15%)	2 (5%)
Spleen	(44)	(44)	(47)
Hematocyst		1 (2%)	
Hematopoietic cell proliferation	6 (14%)	7 (16%)	10 (21%)
Hyperplasia, lymphoid	3 (7%)	2 (5%)	3 (6%)
Hyperplasia, mast cell			1 (2%)
Inflammation, granulomatous		1 (2%)	
Lymphoid follicle, depletion lymphoid		2 (5%)	5 (11%)
Lymphoid follicle, necrosis	2 (5%)	5 (11%)	1 (2%)
Thymus	(34)	(33)	(40)
Cyst	3 (9%)	2 (6%)	1 (3%)
Hyperplasia, lymphoid			1 (3%)
Inflammation, granulomatous		1 (3%)	
Necrosis	1 (3%)		2 (5%)
Cortex, depletion lymphoid	6 (18%)	10 (30%)	8 (20%)
Epithelial cell, hyperplasia, focal	1 (3%)		
Integumentary System			
Skin	(44)	(45)	(48)
Abscess		1 (2%)	
Alopecia	1 (2%)		1 (2%)
Inflammation, acute		2 (4%)	
Ulcer, focal		2 (4%)	
Musculoskeletal System			
Bone	(46)	(47)	(49)
Rib, cartilage, fracture healed	1 (2%)		
Nervous System			
Brain	(46)	(47)	(48)
Mineralization, focal	37 (80%)	39 (83%)	38 (79%)

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Lesions in Male Mice

C-31

TABLE C4
Summary of the Incidence of Nonneoplastic Lesions in Male Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Respiratory System			
Larynx	(42)	(41)	(46)
Inflammation, acute	1 (2%)		1 (2%)
Lung	(45)	(47)	(48)
Congestion	3 (7%)	1 (2%)	1 (2%)
Hyperplasia, macrophage	3 (7%)	46 (98%)	48 (100%)
Inflammation, chronic active		16 (34%)	40 (83%)
Thrombosis			1 (2%)
Alveolar epithelium, hyperplasia, focal	1 (2%)		
Peribronchiolar, inflammation, chronic active		1 (2%)	
Perivascular, inflammation, suppurative	1 (2%)		
Nose	(45)	(46)	(47)
Cytoplasmic alteration, focal	5 (11%)	23 (50%)	40 (85%)
Erosion, focal	1 (2%)	1 (2%)	2 (4%)
Inflammation, acute	4 (9%)	4 (9%)	7 (15%)
Special Senses System			
Ear	(1)		
Inflammation, granulomatous	1 (100%)		
Urinary System			
Kidney	(45)	(46)	(48)
Casts protein	1 (2%)		
Cyst	2 (4%)		
Hydronephrosis	3 (7%)	1 (2%)	
Inflammation, suppurative, focal	3 (7%)	5 (11%)	3 (6%)
Metaplasia, osseous, focal		3 (7%)	
Nephropathy, chronic	3 (7%)		2 (4%)
Capsule, inflammation, suppurative			1 (2%)
Pelvis, inflammation, suppurative	2 (4%)	5 (11%)	1 (2%)
Urinary bladder	(43)	(38)	(43)
Dysplasia, focal	1 (2%)		
Inflammation, chronic active	6 (14%)	5 (13%)	2 (5%)
Ulcer, focal			1 (2%)
Transitional epithelium, hyperplasia		1 (3%)	

^a Incidences are expressed as the ratio of animals with lesions to the number of animals examined microscopically at the site.

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2

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D-1

APPENDIX D SUMMARY LESIONS IN FEMALE MICE IN THE 2-YEAR INHALATION STUDY OF TALC

TABLE D1	Summary of the Incidence of Neoplasms in Female Mice in the 2-Year Inhalation Study of Talc	D-3
TABLE D2	Individual Animal Tumor Pathology of Female Mice in the 2-Year Inhalation Study of Talc	D-6
TABLE D3	Statistical Analysis of Primary Neoplasms in Female Mice in the 2-Year Inhalation Study of Talc	D-24
TABLE D4	Summary of the Incidence of Nonneoplastic Lesions in Female Mice in the 2-Year Inhalation Study of Talc	D-28

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D-2

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Lesions in Female Mice

D-3

TABLE D1
Summary of the Incidence of Neoplasms in Female Mice in the 2-Year Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Disposition Summary			
Animals initially in study	50	50	50
Early deaths			
Moribund	2	4	4
Natural deaths	17	21	21
Survivors			
Terminal sacrifice	30	23	25
Missing	1	1	
Culled			
Animals examined microscopically	46	48	50
Alimentary System			
Esophagus	(43)	(47)	(48)
Gallbladder	(31)	(28)	(29)
Intestine large, cecum	(35)	(29)	(34)
Leiomyoma			1 (3%)
Intestine large, colon	(38)	(33)	(32)
Leiomyosarcoma		1 (3%)	
Intestine small, ileum	(33)	(27)	(31)
Liver	(46)	(46)	(50)
Hemangioma		1 (2%)	
Hepatocellular carcinoma	7 (15%)	5 (11%)	4 (8%)
Hepatocellular adenoma	5 (11%)	1 (2%)	4 (8%)
Mesentery	(2)		
Pancreas	(42)	(39)	(44)
Salivary glands	(46)	(48)	(50)
Hemangioma	1 (2%)		
Stomach, glandular	(45)	(39)	(46)
Cardiovascular System			
Heart	(46)	(48)	(50)
Alveolar/bronchiolar carcinoma, metastatic, lung		1 (2%)	
Endocrine System			
Adrenal gland	(46)	(45)	(50)
Spindle cell, adenoma	1 (2%)		
Adrenal gland, cortex	(46)	(44)	(50)
Adenoma	1 (2%)		
Adrenal gland, medulla	(41)	(43)	(45)
Pheochromocytoma malignant	1 (2%)		
Pituitary gland	(42)	(42)	(48)
Adenoma	5 (12%)	4 (10%)	2 (4%)
Carcinoma		2 (5%)	
Thyroid gland	(43)	(47)	(49)
Follicular cell, adenoma	1 (2%)	2 (4%)	2 (4%)

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D-4

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TABLE D1
Summary of the Incidence of Neoplasms in Female Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
General Body System			
Tissue NOS	(4)	(1)	(2)
Fibrosarcoma	1 (25%)		
Hemangioma	1 (25%)		1 (50%)
Hemangiosarcoma			1 (50%)
Genital System			
Ovary	(38)	(43)	(46)
Adenocarcinoma, metastatic, uterus	1 (3%)		
Adenoma	1 (3%)	1 (2%)	
Cystadenoma		1 (2%)	
Luteoma	2 (5%)		
Uterus	(44)	(45)	(49)
Adenocarcinoma	1 (2%)		
Carcinoma adenosquamous			1 (2%)
Hematopoietic System			
Bone marrow	(41)	(43)	(45)
Lymph node	(46)	(46)	(49)
Lymph node, bronchial	(38)	(37)	(43)
Adenocarcinoma, metastatic, kidney		1 (3%)	
Adenocarcinoma, metastatic, uterus	1 (3%)		
Alveolar/bronchiolar carcinoma, metastatic, lung		3 (8%)	
Lymph node, mandibular	(35)	(38)	(36)
Lymph node, mediastinal	(13)	(17)	(14)
Adenocarcinoma, metastatic, kidney		1 (6%)	
Alveolar/bronchiolar carcinoma, metastatic, lung		1 (6%)	
Lymph node, mesenteric	(35)	(31)	(37)
Spleen	(45)	(44)	(50)
Hemangiosarcoma			1 (2%)
Thymus	(40)	(40)	(41)
Alveolar/bronchiolar carcinoma, metastatic, lung		2 (5%)	
Integumentary System			
Mammary gland	(41)	(45)	(48)
Fibrosarcoma			1 (2%)
Musculoskeletal System			
Bone	(46)	(48)	(50)
Vertebra, alveolar/bronchiolar carcinoma, metastatic, lung		1 (2%)	
Nervous System			
Spinal cord			(1)
Thoracic, ganglioneuroma			1 (100%)

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Lesions in Female Mice

D-5

TABLE D1
Summary of the Incidence of Neoplasms in Female Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Respiratory System			
Lung	(46)	(48)	(50)
Adenocarcinoma, metastatic, kidney		1 (2%)	
Alveolar/bronchiolar adenoma	3 (7%)	2 (4%)	2 (4%)
Alveolar/bronchiolar carcinoma	2 (4%)	4 (8%)	1 (2%)
Hemangiosarcoma, metastatic, tissue NOS			1 (2%)
Hepatocellular carcinoma, metastatic, liver	2 (4%)	2 (4%)	
Trachea	(40)	(36)	(45)
Special Senses System			
Harderian gland	(2)	(2)	(1)
Adenocarcinoma			1 (100%)
Adenoma	2 (100%)	1 (50%)	
Urinary System			
Kidney	(46)	(46)	(50)
Adenocarcinoma		1 (2%)	
Hepatocellular carcinoma, metastatic, liver	1 (2%)		
Urinary bladder	(44)	(40)	(41)
Systemic Lesions			
Multiple organs ^b	(46)	(48)	(50)
Lymphoma malignant histiocytic			1 (2%)
Lymphoma malignant lymphocytic	2 (4%)	3 (6%)	3 (6%)
Lymphoma malignant mixed	3 (7%)	4 (8%)	2 (4%)
Lymphoma malignant undifferentiated cell	2 (4%)		2 (4%)
Tumor Summary			
Total animals with primary neoplasms ^c	31	26	21
Total primary neoplasms	42	33	31
Total animals with benign neoplasms	18	9	10
Total benign neoplasms	23	13	13
Total animals with malignant neoplasms	19	19	15
Total malignant neoplasms	19	20	18
Total animals with metastatic neoplasms	3	5	1
Total metastatic neoplasms	5	13	1

^a Incidences are expressed as the ratio of animals with lesions to the number of animals examined microscopically at the site.^b Number of animals with any tissue examined microscopically^c Primary tumors: all tumors except metastatic tumors

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D-6

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TABLE D2
Individual Animal Tumor Pathology of Female Mice in the 2-Year Inhalation Study of Talc: 0 mg/m³

	0	4	4	4	5	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7
Number of Days on Study	3	2	6	8	0	0	0	4	5	9	4	8	8	8	9	2	2	2	2	2
	0	6	5	7	5	6	9	4	2	8	1	0	3	6	2	3	9	9	9	9
Carcass ID Number	5	5	5	3	4	4	3	4	4	4	5	5	4	5	4	4	3	3	3	3
	3	0	3	7	1	2	8	1	7	7	0	2	9	0	4	9	7	8	8	8
	3	0	4	6	7	0	2	5	5	3	5	8	7	7	6	6	7	1	4	6
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alimentary System																				
Esophagus	+	+	M	+	+	M	M	+	+	+	+	+	+	+	+	+	+	+	+	+
Gallbladder	A	M	A	M	A	M	A	+	A	A	A	A	+	A	A	+	+	+	+	+
Intestine large	A	+	+	A	A	A	+	+	A	+	A	+	+	+	+	+	+	+	+	+
Intestine large, cecum	A	+	A	A	A	A	A	A	A	+	A	+	A	+	A	+	+	+	+	+
Intestine large, colon	A	+	A	A	A	A	+	+	A	+	A	+	+	+	+	+	+	M	+	+
Intestine large, rectum	A	M	+	M	M	A	+	+	M	A	A	M	+	+	+	+	+	+	+	M
Intestine small	A	+	A	A	A	A	A	+	A	A	A	A	A	+	+	+	+	+	+	+
Intestine small, duodenum	A	+	A	A	A	A	A	A	A	A	A	A	A	+	+	+	+	+	+	M
Intestine small, ileum	A	+	A	A	A	A	A	A	A	A	A	A	A	+	+	+	+	+	+	+
Intestine small, jejunum	A	+	A	A	A	A	A	+	A	A	A	A	A	+	A	+	+	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular carcinoma		X				X					X		X							X
Hepatocellular adenoma																				X
Mesentery																				+
Pancreas	+	+	A	+	A	A	+	+	+	+	+	I	+	+	+	+	+	+	+	+
Salivary glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemangioma																				
Stomach	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, forestomach	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, glandular	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+
Cardiovascular System																				
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Endocrine System																				
Adrenal gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spindle cell, adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adrenal gland, cortex																				
Adenoma																				
Adrenal gland, medulla	+	+	+	+	M	+	M	+	+	+	I	I	+	+	+	+	+	+	+	+
Pheochromocytoma malignant																				
Islets, pancreatic	+	+	M	+	A	A	M	+	I	M	I	M	I	M	+	+	+	+	+	+
Parathyroid gland	M	M	+	M	+	+	M	+	M	I	+	M	+	+	+	+	M	M	I	M
Pituitary gland	M	+	+	+	M	M	+	+	+	+	I	+	+	+	+	+	+	+	+	+
Adenoma												X	X	X						X
Thyroid gland	A	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell, adenoma																				

+: Tissue examined microscopically
A: Autolysis precludes examination

M: Missing tissue
I: Insufficient tissue

X: Lesion present
Blank: Not examined

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D-8

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TABLE D2

Individual Animal Tumor Pathology of Female Mice in the 2-Year Inhalation Study of Talc: 0 mg/m³ (continued)

Number of Days on Study	0 4 4 4 5 5 5 5 5 5 6 6 6 6 7 7 7 7 7 7 3 2 6 8 0 0 0 4 5 9 4 8 8 8 9 2 2 2 2 2 0 6 5 7 5 6 9 4 2 8 1 0 3 6 2 3 9 9 9 9
Carcass ID Number	5 5 5 3 4 4 3 4 4 4 5 5 4 5 4 4 3 3 3 3 3 0 3 7 1 2 8 1 7 7 0 2 9 0 4 9 7 8 8 8 3 0 4 6 7 0 2 5 5 3 5 8 7 7 6 6 7 1 4 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
General Body System	
Tissue NOS	
Fibrosarcoma	
Hemangioma	
Genital System	
Ovary	+ + + + + + I + + I M + + + + + + + +
Adenocarcinoma, metastatic, uterus	
Adenoma	
Luteoma	
Uterus	M I + + + + + + + + + + + + + + + +
Adenocarcinoma	
Hematopoietic System	
Bone marrow	+ + A + A A + A A + + + + + + + + + +
Lymph node	+ + + + + + + + + + + + + + + + + +
Lymph node, bronchial	M + + + + M + M M + + + M + + + + + +
Adenocarcinoma, metastatic, uterus	
Lymph node, mandibular	+ + M + + + + + + M + + + M + + + M M +
Lymph node, mediastinal	M M + M M M + M + M M M + M + + M M + M +
Lymph node, mesenteric	M + + M M M + M M + + + + I + + + M + + +
Spleen	+ + + + + A + + + + + + + + + + + +
Thymus	M M + + + M + + + + + + + M + M + + + +
Integumentary System	
Mammary gland	A + + + + A + I + + + + M + + + + + + + +
Skin	+ + + + + + + + + + + + + + + + + +
Musculoskeletal System	
Bone	+ + + + + + + + + + + + + + + + + +
Nervous System	
Brain	+ + + + + + + + + + + + + + + + + +

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D-10

Talc, NTP TR 421

TABLE D2
Individual Animal Tumor Pathology of Female Mice in the 2-Year Inhalation Study of Talc: 0 mg/m³ (continued)

Number of Days on Study	0 4 4 4 5 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7
	3 2 6 8 0 0 0 4 5 9 4 8 8 8 9 2 2 2 2 2
	0 6 5 7 5 6 9 4 2 8 1 0 3 6 2 3 9 9 9 9
Carcass ID Number	5 5 5 3 4 4 3 4 4 4 5 5 4 5 4 4 3 3 3 3
	3 0 3 7 1 2 8 1 7 7 0 2 9 0 4 9 7 8 8 8
	3 0 4 6 7 0 2 5 5 3 5 8 7 7 6 6 7 1 4 6
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Respiratory System	
Larynx	+ + + + + A I + + + + + + + + + + +
Lung	+ + + + + + + + + + + + + + + + +
Alveolar/bronchiolar adenoma	
Alveolar/bronchiolar carcinoma	
Hepatocellular carcinoma, metastatic, liver	
Nosc	+ + + + + + + + + + + + + + + + +
Trachea	A + A + M A A + + + + + + + + + + +
Special Senses System	
Harderian gland	
Adenoma	
Urinary System	
Kidney	+ + + + + + + + + + + + + + + + +
Hepatocellular carcinoma, metastatic, liver	
Urinary bladder	M + + + + A + + + + + + + + + + +
Systemic Lesions	
Multiple organs	+ + + + + + + + + + + + + + + + +
Lymphoma malignant lymphocytic	
Lymphoma malignant mixed	
Lymphoma malignant undifferentiated cell type	

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D-12

Talc, NTP TR 421

TABLE D2
Individual Animal Tumor Pathology of Female Mice in the 2-Year Inhalation Study of Talc: 6 mg/m³

Number of Days on Study	0 0 4 4 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 7 7 7
	2 9 2 9 0 3 4 5 5 6 1 2 2 4 4 6 7 7 8 9 9 0 0 1
	0 2 2 1 0 4 8 4 9 4 8 1 8 1 5 5 6 8 6 2 9 9 9 2
Carcass ID Number	1 0 0 1 0 1 1 1 0 1 0 1 0 0 1 1 0 1 1 0 0 1 1 0
	1 5 1 1 5 4 7 4 1 7 2 2 5 8 3 0 5 7 3 8 6 1 4 2
	7 5 6 5 0 7 6 8 9 5 2 0 6 1 6 8 8 1 9 3 0 8 0 0
	1 1
Alimentary System	
Esophagus	+ + + + M + + + + + + + + + + + + + + + + + +
Gallbladder	A M M M A A + + + A A A A A A A A M A A + A +
Intestine large	A + A A A + A + + A + + A A A + A + A + A + A +
Intestine large, cecum	A A A A A A A + + A A + A A A + A A A A + A +
Intestine large, colon	A A A A A + A + + A + + A A A + A + A + A + A +
Leiomyosarcoma	
Intestine large, rectum	A + A A A M M I M A + M M A A M A + A A A + A +
Intestine small	A A A A A A A + + A A + A A A + A A A A + A +
Intestine small, duodenum	A A A A A A A + + A A + A A A A A A A A + A +
Intestine small, ileum	A A A A A A A + + A A + A A A A A A A A + A +
Intestine small, jejunum	A A A A A A A + + A A + A A A A A A A A + A +
Liver	+ + + A + + + + + + + + + + + A + + + + + + +
Hemangioma	
Hepatocellular carcinoma	
Hepatocellular adenoma	
Pancreas	+ + + A A + + + + + + + I M + + A + A + A + + I
Salivary glands	+ +
Stomach	+ + + A + + + + + + + + + + + A + + + + + + +
Stomach, forestomach	+ + + A + + + + + + + + + + + A + + + + + + +
Stomach, glandular	A + + A A + + + + A A + + A + + A + + + + + A +
Cardiovascular System	
Heart	+ +
Alveolar/bronchiolar carcinoma, metastatic, lung	X
Endocrine System	
Adrenal gland	+ + + A + + + + + + + + + + + A + + + + + + +
Adrenal gland, cortex	+ + + A + + + + + + + M + + + A + + + + + + +
Adrenal gland, medulla	+ + + A + + + + + + + + + + + A + + + + + + +
Islets, pancreatic	M I + A A I I + + M I M M M + + A + M I M M I I
Parathyroid gland	I + + A M M + + M M M + + M + + M M I + M I + M
Pituitary gland	M + + + + + + + + + + + I + + + M + + M I + + +
Adenoma	
Carcinoma	
Thyroid gland	+ + + A + + + + + + + + + + + + + + + + + + +
Follicular cell, adenoma	

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D-14

Talc, NTP TR 421

TABLE D2
Individual Animal Tumor Pathology of Female Mice in the 2-Year Inhalation Study of Talc: 6 mg/m³ (continued)

Number of Days on Study	0 0 4 4 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 7 7 7
	2 9 2 9 0 3 4 5 5 6 1 2 2 4 4 6 7 7 8 9 9 0 0 1
	0 2 2 1 0 4 8 4 9 4 8 1 8 1 5 5 6 8 6 2 9 9 9 2
Carcass ID Number	1 0 0 1 0 1 1 1 0 1 0 1 0 0 1 1 0 1 1 0 0 1 1 0
	1 5 1 1 5 4 7 4 1 7 2 2 5 8 3 0 5 7 3 8 6 1 4 2
	7 5 6 5 0 7 6 8 9 5 2 0 6 1 6 8 8 1 9 3 0 8 0 0
	1 1
General Body System Tissue NOS	
Genital System	
Ovary	+ + + A + + + + + + + M + + + A + + + + + + +
Adenoma	
Cystadenoma	
Uterus	+ + + A + + + + + + + + + A + A + + + + + + +
Hematopoietic System	
Bone marrow	+ + + A + + A + + A + + + A + + + + + + + + +
Lymph node	M + A + + + + + + + + + + + + + + + + + + +
Lymph node, bronchial	M M M + + + M I + + M + + M + + + M + + + + I
Adenocarcinoma, metastatic, kidney	X
Alveolar/bronchiolar carcinoma, metastatic, lung	X X X
Lymph node, mandibular	M + M M M + + + + + + + M + + + + + M + + +
Lymph node, mediastinal	M M M + M M M M M M M + + M M M + I M + + M
Adenocarcinoma, metastatic, kidney	X
Alveolar/bronchiolar carcinoma, metastatic, lung	X
Lymph node, mesenteric	M M A A A + M + + + + + A + + A M M + + + +
Spleen	A + + A + + + + + + + + + + + A + + + + + + +
Thymus	M M + + + I + + + + I + + + + + M M M + I + + +
Alveolar/bronchiolar carcinoma, metastatic, lung	X X
Integumentary System	
Mammary gland	+ + + A + + + + + + + + + + + M + + + + + + +
Skin	+ + + A + + + + + + + + + + + M + + + + + + +
Musculoskeletal System	
Bone	+ + + + + + + + + + + + + + + + + + + +
Vertebra, alveolar/bronchiolar carcinoma, metastatic, lung	X
Nervous System	
Brain	+ + + + + + + + + + + + + + + + + + + +

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D-16

Talc, NTP TR 421

TABLE D2
Individual Animal Tumor Pathology of Female Mice in the 2-Year Inhalation Study of Talc: 6 mg/m³ (continued)

Number of Days on Study	0 0 4 4 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 7 7 7
	2 9 2 9 0 3 4 5 5 6 1 2 2 4 4 6 7 7 8 9 9 0 0 1
	0 2 2 1 0 4 8 4 9 4 8 1 8 1 5 5 6 8 6 2 9 9 9 2
Carcass ID Number	1 0 0 1 0 1 1 1 0 1 0 1 0 0 1 1 0 1 1 0 0 1 1 0
	1 5 1 1 5 4 7 4 1 7 2 2 5 8 3 0 5 7 3 8 6 1 4 2
	7 5 6 5 0 7 6 8 9 5 2 0 6 1 6 8 8 1 9 3 0 8 0 0
	1 1
Respiratory System	
Larynx	+ + + A A I + + + + A + + + + + + + + + + + + +
Lung	+ +
Adenocarcinoma, metastatic, kidney	
Alveolar/bronchiolar adenoma	
Alveolar/bronchiolar carcinoma	X
Hepatocellular carcinoma, metastatic, liver	
Nose	+ + + + A + + + + + + + + + + + + + + + + + +
Trachea	+ + + A A + M + + A A + A A + + M + M + + + + +
Special Senses System	
Eye	
Harderian gland	
Adenoma	
Urinary System	
Kidney	+ + + A + + + + + + + + + + + + A + + + + + + +
Adenocarcinoma	
Urinary bladder	A A + A + + + + + A + + + A A + A + + + + + + +
Systemic Lesions	
Multiple organs	+ +
Lymphoma malignant lymphocytic	
Lymphoma malignant mixed	

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D-18

Talc, NTP TR 421

TABLE D2
Individual Animal Tumor Pathology of Female Mice in the 2-Year Inhalation Study of Talc: 18 mg/m³

Number of Days on Study	0	0	0	0	0	0	0	4	5	5	5	5	5	5	5	6	6	6	6	6	6	7	7	7
	2	2	2	2	2	2	7	0	1	4	5	5	6	8	4	4	5	6	6	8	9	0	1	1
	0	8	8	8	8	8	3	8	6	8	4	8	9	1	2	6	5	1	5	6	2	6	6	8
Carcass ID Number	2	1	2	2	2	2	3	3	2	2	3	3	3	2	3	2	3	2	2	2	2	2	2	2
	9	9	0	0	0	0	4	4	0	3	1	5	6	7	2	3	5	2	2	3	6	9	6	5
	2	6	1	3	4	6	7	9	6	2	9	6	3	0	0	8	2	2	7	8	6	6	7	9
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Alimentary System																								
Esophagus	+	+	+	+	+	M	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Gallbladder	A	M	M	A	A	M	M	+	M	A	A	A	A	+	A	A	+	A	A	A	+	+	A	+
Intestine large	A	A	A	+	+	A	A	+	+	A	+	A	+	A	+	A	+	A	A	A	+	+	A	+
Intestine large, cecum	A	A	A	+	A	A	A	+	+	A	+	A	A	A	+	A	+	A	A	A	+	+	A	+
Leiomyoma																								
Intestine large, colon	A	A	A	+	A	A	A	I	+	A	+	A	A	A	+	A	A	A	A	A	+	+	A	+
Intestine large, rectum	A	A	A	+	+	A	A	M	I	M	M	A	+	A	+	A	+	M	A	M	+	+	M	+
Intestine small	A	A	A	+	A	A	A	+	+	A	+	A	+	A	+	A	+	A	A	A	+	+	A	+
Intestine small, duodenum	A	A	A	+	A	A	A	+	+	A	M	A	A	+	A	+	A	A	A	A	+	+	A	+
Intestine small, ileum	A	A	A	A	A	A	A	+	A	A	+	A	A	+	A	+	A	A	A	A	+	+	A	+
Intestine small, jejunum	A	A	A	+	A	A	A	+	A	A	A	+	A	+	A	+	A	A	A	A	+	+	A	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular carcinoma																								X
Hepatocellular adenoma																X								X
Pancreas	A	+	+	+	M	A	+	+	+	A	+	+	+	A	+	+	+	+	+	+	+	+	+	+
Salivary glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, glandular	+	+	+	+	+	+	+	+	A	+	+	A	I	+	+	+	+	A	+	+	+	+	+	+
Cardiovascular System																								
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Endocrine System																								
Adrenal gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adrenal gland, cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adrenal gland, medulla	+	I	I	M	+	+	I	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islets, pancreatic	A	+	+	I	M	A	M	+	+	M	M	+	+	I	I	M	+	+	M	I	I	+	A	+
Parathyroid gland	+	M	M	+	+	M	M	M	M	M	+	+	+	M	M	+	+	I	+	M	M	+	+	+
Pituitary gland	+	+	+	+	M	I	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma																								X
Thyroid gland	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell, adenoma																								
General Body System																								
Tissue NOS																								+
Hemangioma																								X
Hemangiosarcoma																								

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D-20

Talc, NTP TR 421

TABLE D2

Individual Animal Tumor Pathology of Female Mice in the 2-Year Inhalation Study of Talc: 18 mg/m³ (continued)

Number of Days on Study	0 0 0 0 0 0 0 4 5 5 5 5 5 5 5 6 6 6 6 6 6 6 7 7 7
	2 2 2 2 2 2 2 7 0 1 4 5 5 6 8 4 4 5 6 6 8 9 0 1 1
	0 8 8 8 8 8 8 3 8 6 8 4 8 9 1 2 6 5 1 5 6 2 6 6 8
Carcass ID Number	2 1 2 2 2 2 2 3 3 2 2 3 3 3 2 3 2 3 2 2 2 2 2 2 2
	9 9 0 0 0 0 0 4 4 0 3 1 5 6 7 2 3 5 2 2 3 6 9 6 5
	2 6 1 3 4 6 7 9 6 2 9 6 3 0 0 8 2 2 7 8 6 6 6 7 9
	1 1
Genital System	
Ovary	+ + + + + + + + + + + + + + I + M + + M + + + +
Uterus	+ + M + + + + + + + + + + + + + + + + + + +
Carcinoma adenosquamous	
Hematopoietic System	
Bone marrow	+ + + + + + + A + A A + + A A + + + + + + + +
Lymph node	+ M +
Lymph node, bronchial	M M M + M M M + + I + + + + + + + + + + + +
Lymph node, mandibular	+ M M M + + + + + + + M M + + + + + + + + + +
Lymph node, mediastinal	M M M M M M M M M + M M M M M M + + + M + M + +
Lymph node, mesenteric	M M A + M M M + + A + A + + + M + + + + M + M + +
Spleen	+ +
Hemangiosarcoma	
Thymus	M M + M + + M M + + + + + + + + + + + M + + M I
Integumentary System	
Mammary gland	+ + M + + + + + + + + I + + + + + + + + + + +
Fibrosarcoma	
Skin	+ +
Musculoskeletal System	
Bone	+ +
Nervous System	
Brain	+ +
Spinal cord	
Thoracic, ganglioneuroma	
Respiratory System	
Larynx	+ + M +
Lung	+ +
Alveolar/bronchiolar adenoma	
Alveolar/bronchiolar carcinoma	X
Hemangiosarcoma, metastatic, tissue NOS	X
Nose	+ +
Trachea	+ + + + + + + + + + + + + + + A + M + + + + + + +

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D-22

Talc, NTP TR 421

TABLE D2
Individual Animal Tumor Pathology of Female Mice in the 2-Year Inhalation Study of Talc: 18 mg/m³ (continued)

Number of Days on Study	0	0	0	0	0	0	0	4	5	5	5	5	5	5	5	6	6	6	6	6	6	6	7	7	7
	2	2	2	2	2	2	2	7	0	1	4	5	5	6	8	4	4	5	6	6	8	9	0	1	1
	0	8	8	8	8	8	8	3	8	6	8	4	8	9	1	2	6	5	1	5	6	2	6	6	8
Carcass ID Number	2	1	2	2	2	2	2	3	3	2	2	3	3	3	2	3	2	3	2	2	2	2	2	2	2
	9	9	0	0	0	0	0	4	4	0	3	1	5	6	7	2	3	5	2	2	3	6	9	6	5
	2	6	1	3	4	6	7	9	6	2	9	6	3	0	0	8	2	2	7	8	6	6	6	7	9
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Special Senses System																									
Harderian gland																									+
Adenocarcinoma																									X
Urinary System																									
Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Urinary bladder	A	A	+	+	+	+	+	A	+	+	+	+	A	+	+	+	A	+	A	+	+	A	+	A	+
Systemic Lesions																									
Multiple organs	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lymphoma malignant histiocytic																									X
Lymphoma malignant lymphocytic																									
Lymphoma malignant mixed																									X
Lymphoma malignant undifferentiated cell type																									X

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D-23

	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Number of Days on Study	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	9	9	9	9	9	0	0	0	0	1	1	1	1	1	1	2	2	2	2	2	2	3	3	3
Carcass ID Number	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	2	2	2	3	3		
	1	2	3	3	4	6	6	8	8	9	9	1	1	2	2	2	5	5	5	5	8	9	2	5
	0	9	4	8	0	0	1	6	8	4	8	9	7	9	4	6	9	4	5	8	6	9	0	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total Tissues/Tumors																								
Special Senses System																								
Harderian gland																								1
Adenocarcinoma																								1
Urinary System																								
Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	41
Systemic Lesions																								
Multiple organs	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Lymphoma malignant histiocytic												X	X		X									1
Lymphoma malignant lymphocytic																								3
Lymphoma malignant mixed																					X			2
Lymphoma malignant undifferentiated cell type																		X						2

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D-24

Talc, NTP TR 421

TABLE D3
Statistical Analysis of Primary Neoplasms in Female Mice in the 2-Year Inhalation Study of Talc

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Liver: Hepatocellular Adenoma			
Overall rates ^a	5/46 (11%)	1/47 (2%)	4/50 (8%)
Adjusted rates ^b	16.7%	4.3%	14.0%
Terminal rates ^c	5/30 (17%)	1/23 (4%)	2/25 (8%)
First incidence (days)	729 (I)	729 (I)	581
Life table tests ^d	P=0.565	P=0.169N	P=0.602N
Logistic regression tests ^d	P=0.603N	P=0.169N	P=0.539N
Cochran-Armitage test ^d	P=0.523N		
Fisher exact test ^d		P=0.097N	P=0.447N
Liver: Hepatocellular Carcinoma			
Overall rates	7/46 (15%)	5/47 (11%)	4/50 (8%)
Adjusted rates	19.1%	18.4%	15.4%
Terminal rates	3/30 (10%)	3/23 (13%)	3/25 (12%)
First incidence (days)	426	645	718
Life table tests	P=0.308N	P=0.487N	P=0.344N
Logistic regression tests	P=0.243N	P=0.372N	P=0.255N
Cochran-Armitage test	P=0.197N		
Fisher exact test		P=0.364N	P=0.216N
Liver: Hepatocellular Adenoma or Carcinoma			
Overall rates	11/46 (24%)	6/47 (13%)	7/50 (14%)
Adjusted rates	31.1%	22.5%	25.2%
Terminal rates	7/30 (23%)	4/23 (17%)	5/25 (20%)
First incidence (days)	426	645	581
Life table tests	P=0.329N	P=0.262N	P=0.330N
Logistic regression tests	P=0.253N	P=0.147N	P=0.227N
Cochran-Armitage test	P=0.184N		
Fisher exact test		P=0.131N	P=0.163N
Lung: Alveolar/bronchiolar Adenoma			
Overall rates	3/46 (7%)	2/49 (4%)	2/50 (4%)
Adjusted rates	10.0%	6.7%	6.4%
Terminal rates	3/30 (10%)	1/23 (4%)	1/25 (4%)
First incidence (days)	729 (I)	559	548
Life table tests	P=0.505N	P=0.589N	P=0.562N
Logistic regression tests	P=0.467N	P=0.499N	P=0.515N
Cochran-Armitage test	P=0.425N		
Fisher exact test		P=0.470N	P=0.460N
Lung: Alveolar/bronchiolar Carcinoma			
Overall rates	2/46 (4%)	4/49 (8%)	1/50 (2%)
Adjusted rates	6.7%	11.6%	2.6%
Terminal rates	2/30 (7%)	0/23 (0%)	0/25 (0%)
First incidence (days)	729 (I)	491	558
Life table tests	P=0.383N	P=0.286	P=0.539N
Logistic regression tests	P=0.325N	P=0.356	P=0.500N
Cochran-Armitage test	P=0.309N		
Fisher exact test		P=0.369	P=0.468N

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Lesions in Female Mice

D-25

TABLE D3
Statistical Analysis of Primary Neoplasms in Female Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Lung: Alveolar/bronchiolar Adenoma or Carcinoma			
Overall rates	5/46 (11%)	6/49 (12%)	3/50 (6%)
Adjusted rates	16.7%	17.5%	8.9%
Terminal rates	5/30 (17%)	1/23 (4%)	1/25 (4%)
First incidence (days)	729 (I)	491	548
Life table tests	P=0.337N	P=0.394	P=0.428N
Logistic regression tests	P=0.269N	P=0.519	P=0.367N
Cochran-Armitage test	P=0.235N		
Fisher exact test		P=0.545	P=0.311N
Ovary: Luteoma			
Overall rates	2/38 (5%)	0/43 (0%)	0/46 (0%)
Adjusted rates	8.0%	0.0%	0.0%
Terminal rates	2/25 (8%)	0/21 (0%)	0/24 (0%)
First incidence (days)	729 (I)	- ^e	-
Life table tests	P=0.177N	P=0.277N	P=0.246N
Logistic regression tests	P=0.177N	P=0.277N	P=0.246N
Cochran-Armitage test	P=0.146N		
Fisher exact test		P=0.217N	P=0.202N
Pituitary Gland (Unspecified Site): Adenoma			
Overall rates	5/42 (12%)	4/43 (9%)	2/48 (4%)
Adjusted rates	15.1%	18.2%	7.1%
Terminal rates	2/30 (7%)	4/22 (18%)	1/25 (4%)
First incidence (days)	683	729 (I)	665
Life table tests	P=0.239N	P=0.610	P=0.290N
Logistic regression tests	P=0.189N	P=0.604N	P=0.220N
Cochran-Armitage test	P=0.133N		
Fisher exact test		P=0.485N	P=0.166N
Pituitary Gland (Unspecified Site): Carcinoma			
Overall rates	0/42 (0%)	2/43 (5%)	0/48 (0%)
Adjusted rates	0.0%	5.5%	0.0%
Terminal rates	0/30 (0%)	0/22 (0%)	0/25 (0%)
First incidence (days)	-	534	-
Life table tests	P=0.591N	P=0.237	- ^f
Logistic regression tests	P=0.515N	P=0.274	-
Cochran-Armitage test	P=0.542N		
Fisher exact test		P=0.253	-
Pituitary Gland (Unspecified Site): Adenoma or Carcinoma			
Overall rates	5/42 (12%)	6/43 (14%)	2/48 (4%)
Adjusted rates	15.1%	22.7%	7.1%
Terminal rates	2/30 (7%)	4/22 (18%)	1/25 (4%)
First incidence (days)	683	534	665
Life table tests	P=0.216N	P=0.352	P=0.290N
Logistic regression tests	P=0.150N	P=0.451	P=0.220N
Cochran-Armitage test	P=0.111N		
Fisher exact test		P=0.517	P=0.166N

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D-26

Talc, NTP TR 421

TABLE D3
Statistical Analysis of Primary Neoplasms in Female Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
All Organs: Hemangioma or Hemangiosarcoma			
Overall rates	2/46 (4%)	1/49 (2%)	3/50 (6%)
Adjusted rates	6.7%	4.3%	10.1%
Terminal rates	2/30 (7%)	1/23 (4%)	2/25 (8%)
First incidence (days)	729 (T)	729 (T)	473
Life table tests	P=0.323	P=0.593N	P=0.434
Logistic regression tests	P=0.356	P=0.593N	P=0.495
Cochran-Armitage test	P=0.399		
Fisher exact test		P=0.476N	P=0.540
All Organs: Malignant Lymphoma (Histiocytic, Lymphocytic, Mixed, or Undifferentiated Cell Type)			
Overall rates	7/46 (15%)	7/49 (14%)	8/50 (16%)
Adjusted rates	21.3%	26.7%	27.4%
Terminal rates	5/30 (17%)	5/23 (22%)	5/25 (20%)
First incidence (days)	509	628	642
Life table tests	P=0.358	P=0.454	P=0.387
Logistic regression tests	P=0.406	P=0.607	P=0.463
Cochran-Armitage test	P=0.514		
Fisher exact test		P=0.563N	P=0.571
All Organs: Benign Tumors			
Overall rates	18/46 (39%)	9/49 (18%)	10/50 (20%)
Adjusted rates	54.5%	36.4%	33.0%
Terminal rates	15/30 (50%)	8/23 (35%)	6/25 (24%)
First incidence (days)	683	559	548
Life table tests	P=0.148N	P=0.125N	P=0.145N
Logistic regression tests	P=0.094N	P=0.044N	P=0.071N
Cochran-Armitage test	P=0.050N		
Fisher exact test		P=0.022N	P=0.033N
All Organs: Malignant Tumors			
Overall rates	19/46 (41%)	19/49 (39%)	15/50 (30%)
Adjusted rates	51.9%	55.4%	45.6%
Terminal rates	13/30 (43%)	9/23 (39%)	8/25 (32%)
First incidence (days)	426	491	473
Life table tests	P=0.372N	P=0.340	P=0.441N
Logistic regression tests	P=0.241N	P=0.546N	P=0.279N
Cochran-Armitage test	P=0.143N		
Fisher exact test		P=0.483N	P=0.173N
All Organs: Benign or Malignant Tumors			
Overall rates	31/46 (67%)	26/49 (53%)	21/50 (42%)
Adjusted rates	81.4%	75.1%	58.9%
Terminal rates	23/30 (77%)	15/23 (65%)	11/25 (44%)
First incidence (days)	426	491	473
Life table tests	P=0.141N	P=0.537	P=0.168N
Logistic regression tests	P=0.036N	P=0.162N	P=0.035N
Cochran-Armitage test	P=0.011N		
Fisher exact test		P=0.112N	P=0.011N

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Lesions in Female Mice

D-27

TABLE D3
Statistical Analysis of Primary Neoplasms in Female Mice in the 2-Year Inhalation Study of Talc (continued)

-
- (T) Terminal sacrifice
 a Number of tumor-bearing animals/number of animals examined. Denominator is number of animals examined microscopically for adrenal gland, bone marrow, brain, clitoral gland, epididymis, gallbladder (mouse), heart, kidney, larynx, liver, lung, nose, ovary, pancreas, parathyroid gland, pituitary gland, preputial gland, prostate gland, salivary gland, spleen, testes, thyroid gland, and urinary bladder; for other tissues, denominator is number of animals necropsied.
 b Kaplan-Meier estimated tumor incidence at the end of the study after adjustment for intercurrent mortality
 c Observed incidence at terminal kill
 d Beneath the control incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between the controls and that dosed group. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The logistic regression tests regard these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. For all tests, a negative trend or a lower incidence in a dose group is indicated by N.
 e Not applicable; no tumors in animal group
 f Value of statistic cannot be computed.

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D-28

Talc, NTP TR 421

TABLE D4
Summary of the Incidence of Nonneoplastic Lesions in Female Mice in the 2-Year Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Disposition Summary			
Animals initially in study	50	50	50
Early deaths			
Moribund	2	4	4
Natural deaths	17	21	21
Survivors			
Terminal sacrifice	30	23	25
Missing	1	1	
Culled			
Animals examined microscopically	46	48	50
Alimentary System			
Intestine large, cecum	(35)	(29)	(34)
Hyperplasia, lymphoid			1 (3%)
Serosa, inflammation, suppurative		1 (3%)	
Intestine large, colon	(38)	(33)	(32)
Serosa, inflammation, suppurative		2 (6%)	
Intestine small, duodenum	(27)	(25)	(27)
Ulcer, focal	1 (4%)		
Mucosa, atrophy	2 (7%)	6 (24%)	4 (15%)
Serosa, inflammation, suppurative		2 (8%)	
Intestine small, ileum	(33)	(27)	(31)
Hyperplasia, lymphoid	1 (3%)	1 (4%)	
Mucosa, atrophy	4 (12%)	6 (22%)	6 (19%)
Peyer's patch, necrosis			1 (3%)
Serosa, inflammation, suppurative		2 (7%)	1 (3%)
Intestine small, jejunum	(33)	(28)	(31)
Mucosa, atrophy	2 (6%)	7 (25%)	3 (10%)
Serosa, inflammation, suppurative		2 (7%)	1 (3%)
Liver	(46)	(46)	(50)
Eosinophilic focus		1 (2%)	
Fibrosis, focal		1 (2%)	
Focal cellular change	2 (4%)	3 (7%)	1 (2%)
Hematopoietic cell proliferation	1 (2%)	2 (4%)	2 (4%)
Inflammation, focal	1 (2%)	2 (4%)	1 (2%)
Necrosis, focal	1 (2%)	2 (4%)	2 (4%)
Pigmentation, hemosiderin, focal		1 (2%)	
Centrilobular, degeneration		1 (2%)	
Centrilobular, necrosis, coagulative		1 (2%)	
Serosa, inflammation, suppurative	4 (9%)	7 (15%)	5 (10%)
Sinusoid, inflammation	2 (4%)		
Pancreas	(42)	(39)	(44)
Inflammation, focal			2 (5%)
Acinus, hyperplasia, focal	1 (2%)		
Serosa, inflammation, suppurative	1 (2%)	5 (13%)	4 (9%)
Salivary glands	(46)	(48)	(50)
Inflammation, acute		1 (2%)	1 (2%)
Stomach	(45)	(45)	(50)
Serosa, inflammation, granulomatous			1 (2%)
Serosa, inflammation, suppurative	1 (2%)	2 (4%)	1 (2%)
Stomach, forestomach	(45)	(45)	(50)
Hyperplasia, mast cell, focal			1 (2%)
Hyperplasia, squamous, focal	2 (4%)	4 (9%)	2 (4%)
Ulcer, focal	1 (2%)	3 (7%)	

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Lesions in Female Mice

D-29

TABLE D4

Summary of the Incidence of Nonneoplastic Lesions in Female Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Alimentary System (continued)			
Stomach, glandular	(45)	(39)	(46)
Inflammation, suppurative			1 (2%)
Ulcer, focal	1 (2%)	1 (3%)	
Forestomach, inflammation, focal		1 (3%)	2 (4%)
Cardiovascular System			
Heart	(46)	(48)	(50)
Myocardium, degeneration, focal	1 (2%)		
Myocardium, inflammation, focal		1 (2%)	
Myocardium, mineralization, focal	1 (2%)		
Pericardium, inflammation, suppurative	1 (2%)	2 (4%)	4 (8%)
Endocrine System			
Adrenal gland	(46)	(45)	(50)
Capsule, inflammation, suppurative	4 (9%)	7 (16%)	5 (10%)
Corticomedullary junction, hemorrhage	2 (4%)	3 (7%)	1 (2%)
Spindle cell, hyperplasia	46 (100%)	45 (100%)	47 (94%)
Adrenal gland, cortex	(46)	(44)	(50)
Cyst	2 (4%)	3 (7%)	
Inflammation, suppurative, focal			1 (2%)
Vacuolization cytoplasmic, focal	3 (7%)		
Adrenal gland, medulla	(41)	(43)	(45)
Hyperplasia, focal	2 (5%)		
Parathyroid gland	(23)	(18)	(25)
Hyperplasia	1 (4%)		
Pituitary gland	(42)	(42)	(48)
Cyst	2 (5%)		
Hemorrhage, focal	2 (5%)		
Hyperplasia, focal	2 (5%)		
Pigmentation, lipofuscin	1 (2%)		
Thyroid gland	(43)	(47)	(49)
Cyst	2 (5%)		
Inflammation, acute, focal			2 (4%)
C-cell, hyperplasia	1 (2%)		1 (2%)
Follicular cell, hyperplasia	9 (21%)	12 (26%)	10 (20%)
General Body System			
Tissue NOS	(4)	(1)	(2)
Thrombosis, chronic	1 (25%)		
Genital System			
Ovary	(38)	(43)	(46)
Abscess	4 (11%)	10 (23%)	7 (15%)
Cyst	6 (16%)	11 (26%)	10 (22%)
Thrombosis	1 (3%)	2 (5%)	
Uterus	(44)	(45)	(49)
Angiectasis			1 (2%)
Hyperplasia, histiocytic, focal			1 (2%)
Metaplasia, squamous		1 (2%)	
Thrombosis	1 (2%)		
Endometrium, hyperplasia, cystic	34 (77%)	30 (67%)	35 (71%)
Mucosa, inflammation, suppurative	3 (7%)	7 (16%)	4 (8%)
Serosa, inflammation, suppurative	1 (2%)	4 (9%)	2 (4%)

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D-30

TABLE D4
Summary of the Incidence of Nonneoplastic Lesions in Female Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Hematopoietic System			
Bone marrow	(41)	(43)	(45)
Hyperplasia	1 (2%)	4 (9%)	5 (11%)
Myelofibrosis	28 (68%)	23 (53%)	27 (60%)
Myeloid cell, hyperplasia	1 (2%)	6 (14%)	3 (7%)
Lymph node	(46)	(46)	(49)
Iliac, hyperplasia, lymphoid			1 (2%)
Iliac, inflammation	1 (2%)		1 (2%)
Pancreatic, hyperplasia, lymphoid	1 (2%)		1 (2%)
Pancreatic, infiltration cellular, mixed cell			1 (2%)
Pancreatic, follicular, necrosis			1 (2%)
Renal, hyperplasia, lymphoid		2 (4%)	2 (4%)
Renal, infiltration cellular, mixed cell			1 (2%)
Renal, inflammation	1 (2%)	1 (2%)	1 (2%)
Renal, follicular, necrosis		2 (4%)	1 (2%)
Lymph node, bronchial	(38)	(37)	(43)
Hyperplasia, histiocytic		25 (68%)	39 (91%)
Hyperplasia, lymphoid		16 (43%)	20 (47%)
Infiltration cellular, mixed cell	1 (3%)		
Inflammation, acute	1 (3%)	1 (3%)	1 (2%)
Lymph node, mandibular	(35)	(38)	(36)
Cyst			1 (3%)
Depletion lymphoid	1 (3%)		
Hyperplasia, histiocytic	1 (3%)		
Hyperplasia, lymphoid		1 (3%)	3 (8%)
Hyperplasia, plasma cell	1 (3%)		
Infiltration cellular, mixed cell		1 (3%)	
Inflammation		1 (3%)	1 (3%)
Follicular, necrosis		1 (3%)	
Lymph node, mediastinal	(13)	(17)	(14)
Hyperplasia, histiocytic	1 (8%)	3 (18%)	2 (14%)
Hyperplasia, lymphoid		1 (6%)	2 (14%)
Infiltration cellular, mixed cell	1 (8%)		
Lymph node, mesenteric	(35)	(31)	(37)
Depletion lymphoid		1 (3%)	2 (5%)
Hematocyst			1 (3%)
Hyperplasia, histiocytic		1 (3%)	1 (3%)
Hyperplasia, lymphoid		2 (6%)	2 (5%)
Hyperplasia, plasma cell			1 (3%)
Infiltration cellular, mixed cell	5 (14%)	5 (16%)	5 (14%)
Inflammation		2 (6%)	1 (3%)
Follicular, necrosis	3 (9%)	12 (39%)	7 (19%)
Spleen	(45)	(44)	(50)
Congestion	2 (4%)		
Hematopoietic cell proliferation	8 (18%)	12 (27%)	10 (20%)
Hyperplasia, lymphoid	5 (11%)	8 (18%)	6 (12%)
Inflammation, suppurative	2 (4%)		1 (2%)
Capsule, inflammation, suppurative	2 (4%)	3 (7%)	3 (6%)
Lymphoid follicle, depletion lymphoid	2 (4%)	3 (7%)	5 (10%)
Lymphoid follicle, necrosis	2 (4%)	4 (9%)	2 (4%)
Thymus	(40)	(40)	(41)
Cyst	2 (5%)	2 (5%)	
Hyperplasia, plasma cell		1 (3%)	
Inflammation, suppurative		1 (3%)	1 (2%)
Necrosis	3 (8%)	5 (13%)	
Cortex, depletion lymphoid	8 (20%)	12 (30%)	15 (37%)

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Lesions in Female Mice

D-31

TABLE D4
Summary of the Incidence of Nonneoplastic Lesions in Female Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Integumentary System			
Mammary gland	(41)	(45)	(48)
Abscess			1 (2%)
Edema	1 (2%)		
Skin	(46)	(46)	(50)
Alopecia	2 (4%)	2 (4%)	
Musculoskeletal System			
Bone	(46)	(48)	(50)
Periosteum, femur, proliferation connective tissue	1 (2%)		
Nervous System			
Brain	(46)	(48)	(50)
Hydrocephalus		2 (4%)	
Mineralization, focal	36 (78%)	33 (69%)	29 (58%)
Respiratory System			
Larynx	(42)	(43)	(48)
Inflammation, acute	1 (2%)		
Lung	(46)	(48)	(50)
Congestion	1 (2%)	3 (6%)	
Hyperplasia, histiocytic			1 (2%)
Hyperplasia, macrophage	2 (4%)	45 (94%)	43 (86%)
Inflammation, chronic active		25 (52%)	38 (76%)
Metaplasia, osseous, focal	1 (2%)		
Alveolar epithelium, hyperplasia, focal			1 (2%)
Perivascular, inflammation, suppurative		3 (6%)	1 (2%)
Pleura, inflammation, suppurative	1 (2%)	2 (4%)	5 (10%)
Nose	(46)	(46)	(50)
Cytoplasmic alteration, focal	29 (63%)	37 (80%)	40 (80%)
Developmental malformation	1 (2%)		
Erosion, focal	3 (7%)		1 (2%)
Inflammation, acute	6 (13%)	4 (9%)	5 (10%)
Ulcer, focal	1 (2%)		
Special Senses System			
Eye		(1)	
Inflammation, suppurative		1 (100%)	
Harderian gland	(2)	(2)	(1)
Inflammation, suppurative		1 (50%)	
Urinary System			
Kidney	(46)	(46)	(50)
Casts protein		2 (4%)	
Infarct	1 (2%)	1 (2%)	
Inflammation, focal	1 (2%)	1 (2%)	1 (2%)
Metaplasia, osseous, focal	1 (2%)		2 (4%)
Nephropathy, chronic	1 (2%)	1 (2%)	
Capsule, inflammation, suppurative	3 (7%)	6 (13%)	5 (10%)
Renal tubule, hyperplasia, focal		1 (2%)	

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D-32

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TABLE D4
Summary of the Incidence of Nonneoplastic Lesions in Female Mice in the 2-Year Inhalation Study of Talc (continued)

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Urinary System (continued)			
Urinary bladder	(44)	(40)	(41)
Serosa, inflammation, suppurative		3 (8%)	3 (7%)
Submucosa, hyperplasia, lymphoid	1 (2%)		
Submucosa, inflammation, suppurative			1 (2%)

^a Incidences are expressed as the ratio of animals with lesions to the number of animals examined microscopically at the site.

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E-1

APPENDIX E ORGAN WEIGHTS AND ORGAN-WEIGHT-TO-BODY-WEIGHT RATIOS

TABLE E1	Organ Weights and Organ-Weight-to-Body-Weight Ratios for Rats at the 6-Month Interim Evaluation in the Lifetime Inhalation Study of Talc	E-2
TABLE E2	Organ Weights and Organ-Weight-to-Body-Weight Ratios for Rats at the 11-Month Interim Evaluation in the Lifetime Inhalation Study of Talc	E-3
TABLE E3	Organ Weights and Organ-Weight-to-Body-Weight Ratios for Rats at the 18-Month Interim Evaluation in the Lifetime Inhalation Study of Talc	E-4
TABLE E4	Organ Weights and Organ-Weight-to-Body-Weight Ratios for Rats at the 24-Month Interim Evaluation in the Lifetime Inhalation Study of Talc	E-5
TABLE E5	Organ Weights and Organ-Weight-to-Body-Weight Ratios for Rats at the Termination of the Lifetime Inhalation Study of Talc	E-6
TABLE E6	Organ Weights and Organ-Weight-to-Body-Weight Ratios for Mice at the 6-Month Interim Evaluation in the 2-Year Inhalation Study of Talc	E-7
TABLE E7	Organ Weights and Organ-Weight-to-Body-Weight Ratios for Mice at the 12-Month Interim Evaluation in the 2-Year Inhalation Study of Talc	E-8
TABLE E8	Organ Weights and Organ-Weight-to-Body-Weight Ratios for Mice at the 18-Month Interim Evaluation in the 2-Year Inhalation Study of Talc	E-9
TABLE E9	Organ Weights and Organ-Weight-to-Body-Weight Ratios for Mice at the Termination of the 2-Year Inhalation Study of Talc	E-10

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E-2

Talc, NTP TR 421

TABLE E1
Organ Weights and Organ-Weight-to-Body-Weight Ratios for Rats at the 6-Month Interim Evaluation in the Lifetime Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
n	3	3	3
Necropsy body wt	379 ± 2	365 ± 9	351 ± 4*
Brain			
Absolute	2.061 ± 0.073	1.962 ± 0.035	1.964 ± 0.041
Relative	5.44 ± 0.22	5.38 ± 0.22	5.59 ± 0.10
Heart			
Absolute	1.087 ± 0.024	0.984 ± 0.047	1.008 ± 0.018
Relative	2.87 ± 0.07	2.69 ± 0.07	2.87 ± 0.03
R. Kidney			
Absolute	1.203 ± 0.055	1.155 ± 0.028	1.143 ± 0.025
Relative	3.17 ± 0.16	3.16 ± 0.01	3.25 ± 0.04
Liver			
Absolute	12.969 ± 0.336	11.658 ± 0.483	11.644 ± 0.613
Relative	34.20 ± 0.79	31.89 ± 0.65	33.11 ± 1.43
Lungs			
Absolute	1.196 ± 0.049	1.201 ± 0.060	1.600 ± 0.073**
Relative	3.15 ± 0.11	3.29 ± 0.19	4.55 ± 0.19**
Female			
n	3	3	3
Necropsy body wt	216 ± 10	210 ± 5	212 ± 7
Brain			
Absolute	1.801 ± 0.020	1.800 ± 0.030	1.860 ± 0.031
Relative	8.39 ± 0.33	8.57 ± 0.28	8.82 ± 0.39
Heart			
Absolute	0.679 ± 0.023	0.691 ± 0.031	0.716 ± 0.055
Relative	3.16 ± 0.11	3.29 ± 0.13	3.38 ± 0.20
R. Kidney			
Absolute	0.700 ± 0.043	0.775 ± 0.025	0.751 ± 0.030
Relative	3.25 ± 0.17	3.69 ± 0.10	3.55 ± 0.07
Liver			
Absolute	7.579 ± 0.502	7.253 ± 0.172	6.875 ± 0.409
Relative	35.13 ± 1.09	34.51 ± 0.33	32.47 ± 1.21
Lungs			
Absolute	1.006 ± 0.112	0.986 ± 0.064	1.090 ± 0.010
Relative	4.71 ± 0.65	4.69 ± 0.29	5.17 ± 0.21

* Significantly different (P≤0.05) from the control group by Williams' or Dunnett's test

** P≤0.01

^a Organ weights and body weights are given in grams; organ-weight-to-body-weight ratios are given as mg organ weight/g body weight (mean ± standard error)

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Organ Weight Analyses

E-3

TABLE E2
Organ Weights and Organ-Weight-to-Body-Weight Ratios for Rats at the 11-Month Interim Evaluation in the Lifetime Inhalation Study of Tale^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
n	2	3	3
Necropsy body wt	425 ± 10	406 ± 15	395 ± 14
Brain			
Absolute	2.018 ± 0.010	1.616 ± 0.306	2.020 ± 0.012
Relative	4.75 ± 0.13	3.97 ± 0.74	5.13 ± 0.16
Heart			
Absolute	1.161 ± 0.080	1.051 ± 0.063	1.079 ± 0.048
Relative	2.73 ± 0.12	2.58 ± 0.06	2.73 ± 0.09
R. Kidney			
Absolute	1.313 ± 0.008	1.242 ± 0.062	1.216 ± 0.069
Relative	3.09 ± 0.09	3.07 ± 0.26	3.07 ± 0.07
Liver			
Absolute	12.824 ± 0.065	12.454 ± 0.424	12.223 ± 0.618
Relative	30.20 ± 0.86	30.72 ± 1.47	30.92 ± 0.50
Lungs			
Absolute	1.228 ± 0.143	1.152 ± 0.043	1.979 ± 0.077**
Relative	2.90 ± 0.40	2.85 ± 0.18	5.02 ± 0.16**
Female			
n	3	3	3
Necropsy body wt	254 ± 7	249 ± 5	247 ± 10
Brain			
Absolute	1.863 ± 0.003	1.867 ± 0.036	1.845 ± 0.030
Relative	7.36 ± 0.22	7.52 ± 0.18	7.50 ± 0.19
Heart			
Absolute	0.858 ± 0.032	0.796 ± 0.020	0.753 ± 0.063
Relative	3.38 ± 0.06	3.20 ± 0.06	3.05 ± 0.19
R. Kidney			
Absolute	0.830 ± 0.007	0.839 ± 0.002	0.735 ± 0.034*
Relative	3.28 ± 0.11	3.38 ± 0.07	2.99 ± 0.13
Liver			
Absolute	7.878 ± 0.275	7.774 ± 0.130	7.537 ± 0.354
Relative	31.13 ± 1.53	31.30 ± 0.47	30.57 ± 0.50
Lungs			
Absolute	0.959 ± 0.037	1.039 ± 0.034	1.551 ± 0.163**
Relative	3.79 ± 0.20	4.18 ± 0.09	6.27 ± 0.48**

* Significantly different (P≤0.05) from the control group by Williams' or Dunnett's test

** P≤0.01

^a Organ weights and body weights are given in grams; organ-weight-to-body-weight ratios are given as mg organ weight/g body weight (mean ± standard error)

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E-4

Talc, NTP TR 421

TABLE E3

Organ Weights and Organ-Weight-to-Body-Weight Ratios for Rats at the 18-Month Interim Evaluation in the Lifetime Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
n	3	3	2
Necropsy body wt	446 ± 14	428 ± 10	430 ± 2
Brain			
Absolute	2.019 ± 0.043	1.965 ± 0.035	2.092 ± 0.004
Relative	4.53 ± 0.10	4.60 ± 0.17	4.86 ± 0.01
Heart			
Absolute	1.077 ± 0.065	1.027 ± 0.030	1.131 ± 0.103
Relative	2.41 ± 0.09	2.40 ± 0.07	2.63 ± 0.23
R. Kidney			
Absolute	1.913 ± 0.599	1.328 ± 0.063	1.317 ± 0.023
Relative	4.27 ± 1.31	3.10 ± 0.12	3.06 ± 0.06
Liver			
Absolute	14.329 ± 1.434	13.866 ± 0.882	12.520 ± 0.189
Relative	32.10 ± 3.01	32.38 ± 1.68	29.10 ± 0.56
Lungs			
Absolute	1.691 ± 0.100	1.852 ± 0.058	3.169 ± 0.121**
Relative	3.78 ± 0.13	4.34 ± 0.21	7.36 ± 0.25**
Female			
n	3	3	3
Necropsy body wt	305 ± 5	275 ± 4**	280 ± 4*
Brain			
Absolute	1.840 ± 0.028	1.827 ± 0.045	1.847 ± 0.013
Relative	6.04 ± 0.17	6.63 ± 0.11*	6.61 ± 0.13*
Heart			
Absolute	0.772 ± 0.015	0.706 ± 0.010*	0.765 ± 0.011
Relative	2.53 ± 0.08	2.56 ± 0.03	2.74 ± 0.01*
R. Kidney			
Absolute	0.929 ± 0.023	0.902 ± 0.038	0.955 ± 0.047
Relative	3.05 ± 0.12	3.28 ± 0.17	3.41 ± 0.13
Liver			
Absolute	8.750 ± 0.223	8.540 ± 0.648	8.904 ± 0.596
Relative	28.71 ± 0.35	31.03 ± 2.47	31.84 ± 1.94
Lungs			
Absolute	1.130 ± 0.026	1.395 ± 0.046**	2.600 ± 0.030**
Relative	3.71 ± 0.12	5.07 ± 0.11**	9.31 ± 0.18**

* Significantly different (P≤0.05) from the control group by Williams' or Dunnett's test

** P≤0.01

* Organ weights and body weights are given in grams; organ-weight-to-body-weight ratios are given as mg organ weight/g body weight (mean ± standard error)

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Organ Weight Analyses

E-5

TABLE E4
Organ Weights and Organ-Weight-to-Body-Weight Ratios for Rats at the 24-Month Interim Evaluation in the Lifetime Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
n	3	6	2
Necropsy body wt	406 ± 29	422 ± 12	392 ± 30
Brain			
Absolute	2.068 ± 0.015	2.023 ± 0.025	1.989 ± 0.008
Relative	5.15 ± 0.42	4.81 ± 0.11	5.10 ± 0.37
Heart			
Absolute	1.065 ± 0.022	1.126 ± 0.044	0.993 ± 0.026
Relative	2.66 ± 0.25	2.69 ± 0.18	2.54 ± 0.13
R. Kidney			
Absolute	1.720 ± 0.138	1.577 ± 0.048	1.649 ± 0.068
Relative	4.25 ± 0.32	3.76 ± 0.19	4.24 ± 0.50
Liver			
Absolute	15.298 ± 0.187	14.924 ± 0.480	14.344 ± 1.253
Relative	38.11 ± 3.23	35.55 ± 1.80	37.05 ± 6.03
Lungs			
Absolute	1.766 ± 0.177	2.150 ± 0.230	2.473 ± 0.674
Relative	4.40 ± 0.55	5.18 ± 0.69	6.48 ± 2.21
Female			
n	5	9	3
Necropsy body wt	296 ± 17	296 ± 10	262 ± 25
Brain			
Absolute	1.821 ± 0.023	1.826 ± 0.011	1.865 ± 0.012
Relative	6.24 ± 0.42	6.24 ± 0.21	7.23 ± 0.63
Heart			
Absolute	0.826 ± 0.014	0.826 ± 0.032	0.824 ± 0.045
Relative	2.83 ± 0.19	2.81 ± 0.10	3.16 ± 0.13
R. Kidney			
Absolute	1.118 ± 0.055	1.137 ± 0.044	1.021 ± 0.022
Relative	3.82 ± 0.26	3.85 ± 0.10	3.97 ± 0.44
Liver			
Absolute	11.218 ± 0.527	12.127 ± 0.672	9.966 ± 0.246
Relative	38.38 ± 2.74	41.16 ± 2.12	38.84 ± 4.59
Lungs			
Absolute	1.014 ± 0.104	1.447 ± 0.219	3.261 ± 0.115**
Relative	3.40 ± 0.23	4.88 ± 0.67	12.73 ± 1.62**

** Significantly different (P≤0.01) from the control group by Williams' or Dunnett's test

^a Organ weights and body weights are given in grams; organ-weight-to-body-weight ratios are given as mg organ weight/g body weight (mean ± standard error)

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E-6

Talc, NTP TR 421

TABLE E5
Organ Weights and Organ-Weight-to-Body-Weight Ratios for Rats at the Termination
of the Lifetime Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
n	8	12	13
Necropsy body wt	379 ± 17	397 ± 6	326 ± 12**
Brain			
Absolute	2.030 ± 0.016	2.041 ± 0.015	2.014 ± 0.019
Relative	5.45 ± 0.28	5.16 ± 0.09	6.29 ± 0.25*
Heart			
Absolute	1.385 ± 0.104	1.288 ± 0.041	1.302 ± 0.064
Relative	3.68 ± 0.26	3.26 ± 0.13	4.05 ± 0.22
R. Kidney			
Absolute	1.899 ± 0.151	1.847 ± 0.125	1.737 ± 0.101
Relative	5.09 ± 0.49	4.69 ± 0.37	5.39 ± 0.35
Liver			
Absolute	15.501 ± 0.861	16.562 ± 0.540	14.055 ± 0.936
Relative	41.03 ± 1.67	41.92 ± 1.73	42.85 ± 1.76
Lungs			
Absolute	2.154 ± 0.124	2.509 ± 0.068	4.026 ± 0.196**
Relative	5.76 ± 0.38	6.34 ± 0.21	12.65 ± 0.85**
Female			
n	12	13	9
Necropsy body wt	260 ± 14	247 ± 14	231 ± 9
Brain			
Absolute	1.975 ± 0.122	1.860 ± 0.020	1.847 ± 0.028
Relative	8.03 ± 0.95	7.89 ± 0.51	8.06 ± 0.27
Heart			
Absolute	1.020 ± 0.039	1.006 ± 0.026	1.047 ± 0.027
Relative	4.03 ± 0.24	4.33 ± 0.39	4.58 ± 0.20
R. Kidney			
Absolute	1.313 ± 0.047	1.235 ± 0.049	1.281 ± 0.079
Relative	5.21 ± 0.34	5.22 ± 0.36	5.66 ± 0.55
Liver			
Absolute	12.005 ± 0.660	12.567 ± 0.903	12.313 ± 0.642
Relative	46.35 ± 1.68	51.25 ± 2.90	53.69 ± 3.72
Lungs			
Absolute	1.575 ± 0.109	2.673 ± 0.362**	4.050 ± 0.228**
Relative	6.11 ± 0.35	11.77 ± 2.10*	17.83 ± 1.43**

* Significantly different (P≤0.05) from the control group by Williams' or Dunnett's test

** P≤0.01

^a Organ weights and body weights are given in grams; organ-weight-to-body-weight ratios are given as mg organ weight/g body weight (mean ± standard error)

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Organ Weight Analyses

E-7

TABLE E6
Organ Weights and Organ-Weight-to-Body-Weight Ratios for Mice at the 6-Month Interim Evaluation in the 2-Year Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
n	4	4	4
Necropsy body wt	31.3 ± 0.9	31.1 ± 0.9	32.1 ± 0.6
Brain			
Absolute	0.431 ± 0.028	0.458 ± 0.006	0.469 ± 0.008
Relative	13.81 ± 0.90	14.74 ± 0.23	14.60 ± 0.38
Heart			
Absolute	0.159 ± 0.003	0.165 ± 0.008	0.157 ± 0.011
Relative	5.10 ± 0.07	5.31 ± 0.33	4.88 ± 0.25
R. Kidney			
Absolute	0.303 ± 0.022	0.297 ± 0.018	0.292 ± 0.011
Relative	9.66 ± 0.40	9.58 ± 0.70	9.10 ± 0.33
Liver			
Absolute	1.737 ± 0.079	1.792 ± 0.066	1.731 ± 0.060
Relative	55.51 ± 1.06	57.75 ± 2.77	53.84 ± 1.19
Lungs			
Absolute	0.165 ± 0.008	0.149 ± 0.010	0.173 ± 0.017
Relative	5.29 ± 0.35	4.78 ± 0.27	5.35 ± 0.44
Female			
n	4	4	4
Necropsy body wt	27.1 ± 0.9	27.2 ± 1.7	29.5 ± 1.4
Brain			
Absolute	0.474 ± 0.007	0.482 ± 0.008	0.474 ± 0.019
Relative	17.52 ± 0.36	17.85 ± 0.81	16.10 ± 0.67
Heart			
Absolute	0.142 ± 0.004	0.133 ± 0.005	0.145 ± 0.006
Relative	5.27 ± 0.30	4.92 ± 0.19	4.92 ± 0.15
R. Kidney			
Absolute	0.201 ± 0.011	0.203 ± 0.004	0.217 ± 0.008
Relative	7.40 ± 0.20	7.53 ± 0.34	7.37 ± 0.13
Liver			
Absolute	1.541 ± 0.099	1.640 ± 0.138	1.628 ± 0.033
Relative	56.86 ± 2.92	60.01 ± 1.74	55.38 ± 1.91
Lungs			
Absolute	0.190 ± 0.019	0.164 ± 0.011	0.178 ± 0.011
Relative	7.11 ± 0.96	6.03 ± 0.28	6.04 ± 0.26

^a Organ weights and body weights are given in grams; organ-weight-to-body-weight ratios are given as mg organ weight/g body weight (mean ± standard error)

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E-8

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TABLE E7
Organ Weights and Organ-Weight-to-Body-Weight Ratios for Mice at the 12-Month Interim Evaluation
in the 2-Year Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
n	4	4	4
Necropsy body wt	34.6 ± 1.7	37.2 ± 0.3	33.1 ± 1.3
Brain			
Absolute	0.478 ± 0.020	0.475 ± 0.009	0.475 ± 0.009
Relative	13.87 ± 0.31	12.76 ± 0.16	14.39 ± 0.38
Heart			
Absolute	0.196 ± 0.023	0.195 ± 0.005	0.205 ± 0.023
Relative	5.62 ± 0.37	5.23 ± 0.10	6.21 ± 0.69
R. Kidney			
Absolute	0.334 ± 0.007	0.339 ± 0.020	0.311 ± 0.027
Relative	9.71 ± 0.28	9.12 ± 0.52	9.41 ± 0.86
Liver			
Absolute	1.612 ± 0.052	1.886 ± 0.124	1.928 ± 0.240
Relative	46.77 ± 0.79	50.72 ± 3.25	58.55 ± 8.01
Lungs			
Absolute	0.157 ± 0.009	0.216 ± 0.018	0.243 ± 0.032*
Relative	4.54 ± 0.17	5.80 ± 0.46	7.30 ± 0.72**
Female			
n	3	4	4
Necropsy body wt	32.1 ± 2.4	33.3 ± 1.3	28.7 ± 1.2
Brain			
Absolute	0.478 ± 0.006	0.488 ± 0.005	0.491 ± 0.008
Relative	15.04 ± 1.16	14.74 ± 0.70	17.16 ± 0.55
Heart			
Absolute	0.151 ± 0.004	0.162 ± 0.008	0.190 ± 0.010*
Relative	4.72 ± 0.23	4.91 ± 0.42	6.64 ± 0.47*
R. Kidney			
Absolute	0.225 ± 0.010	0.231 ± 0.008	0.230 ± 0.011
Relative	7.03 ± 0.22	6.97 ± 0.40	8.01 ± 0.10
Liver			
Absolute	1.470 ± 0.105	1.796 ± 0.036*	1.477 ± 0.093
Relative	46.04 ± 3.71	54.20 ± 2.55	51.40 ± 2.48
Lungs			
Absolute	0.151 ± 0.019	0.191 ± 0.014	0.207 ± 0.015*
Relative	4.68 ± 0.23	5.78 ± 0.61	7.19 ± 0.24**

* Significantly different (P≤0.05) from the control group by Williams' or Dunnett's test

** P≤0.01

^a Organ weights and body weights are given in grams; organ-weight-to-body-weight ratios are given as mg organ weight/g body weight (mean ± standard error)

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Organ Weight Analyses

E-9

TABLE E8
Organ Weights and Organ-Weight-to-Body-Weight Ratios for Mice at the 18-Month Interim Evaluation in the 2-Year Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
n	4	4	4
Necropsy body wt	33.1 ± 3.0	37.5 ± 2.1	35.4 ± 1.7
Brain			
Absolute	0.467 ± 0.007	0.470 ± 0.009	0.496 ± 0.014
Relative	14.51 ± 1.44	12.63 ± 0.58	14.10 ± 0.76
Heart			
Absolute	0.193 ± 0.017	0.186 ± 0.011	0.203 ± 0.006
Relative	6.18 ± 1.29	5.00 ± 0.35	5.77 ± 0.22
R. Kidney			
Absolute	0.342 ± 0.007	0.361 ± 0.021	0.350 ± 0.009
Relative	10.66 ± 1.23	9.66 ± 0.47	9.91 ± 0.22
Liver			
Absolute	1.844 ± 0.228	1.796 ± 0.080	1.748 ± 0.113
Relative	57.08 ± 7.95	48.07 ± 1.26	49.28 ± 1.45
Lungs			
Absolute	0.229 ± 0.034	0.238 ± 0.013	0.345 ± 0.032*
Relative	7.45 ± 2.01	6.42 ± 0.57	9.79 ± 0.91
Female			
n	4	4	4
Necropsy body wt	32.1 ± 1.2	31.9 ± 1.6	27.6 ± 1.0*
Brain			
Absolute	0.483 ± 0.007	0.467 ± 0.019	0.501 ± 0.038
Relative	15.10 ± 0.59	14.73 ± 0.90	18.33 ± 1.91
Heart			
Absolute	0.155 ± 0.008	0.154 ± 0.011	0.164 ± 0.010
Relative	4.85 ± 0.28	4.87 ± 0.47	5.96 ± 0.48
R. Kidney			
Absolute	0.238 ± 0.009	0.233 ± 0.011	0.228 ± 0.007
Relative	7.41 ± 0.28	7.35 ± 0.45	8.32 ± 0.55
Liver			
Absolute	1.446 ± 0.056	1.592 ± 0.034	1.318 ± 0.055 ^b
Relative	45.10 ± 1.35	50.17 ± 2.02	48.69 ± 0.30 ^b
Lungs			
Absolute	0.223 ± 0.008	0.242 ± 0.018	0.299 ± 0.018**
Relative	6.96 ± 0.07	7.65 ± 0.73	10.90 ± 0.87**

* Significantly different (P≤0.05) from the control group by Williams' or Dunnett's test

** P≤0.01

^a Organ weights and body weights are given in grams; organ-weight-to-body-weight ratios are given as mg organ weight/g body weight (mean ± standard error)^b n=3

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E-10

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TABLE E9
Organ Weights and Organ-Weight-to-Body-Weight Ratios for Mice at the Termination
of 2-Year Inhalation Study of Talc^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
n	30	28	32
Necropsy body wt	33.4 ± 0.5	32.1 ± 0.8	31.2 ± 0.4**
Brain			
Absolute	0.461 ± 0.004	0.458 ± 0.004	0.460 ± 0.005
Relative	13.90 ± 0.22	14.50 ± 0.34	14.78 ± 0.19*
Heart			
Absolute	0.183 ± 0.003	0.181 ± 0.004	0.183 ± 0.005
Relative	5.52 ± 0.12	5.68 ± 0.10	5.88 ± 0.15
R. Kidney			
Absolute	0.361 ± 0.010	0.362 ± 0.010	0.354 ± 0.006
Relative	10.85 ± 0.27	11.28 ± 0.16	11.34 ± 0.18
Liver			
Absolute	1.845 ± 0.064	1.733 ± 0.073 ^b	1.535 ± 0.033** ^c
Relative	55.64 ± 2.21	53.14 ± 1.72 ^b	49.27 ± 1.03 ^c
Lungs			
Absolute	0.252 ± 0.008 ^c	0.258 ± 0.009 ^b	0.408 ± 0.011**
Relative	7.47 ± 0.25 ^c	8.01 ± 0.24 ^b	13.08 ± 0.33**
Female			
n	30	23	25
Necropsy body wt	31.4 ± 0.6	31.7 ± 0.7	30.7 ± 0.5
Brain			
Absolute	0.484 ± 0.004	0.469 ± 0.006	0.477 ± 0.003
Relative	15.53 ± 0.26	14.93 ± 0.28	15.59 ± 0.20
Heart			
Absolute	0.164 ± 0.005	0.190 ± 0.009**	0.163 ± 0.003
Relative	5.24 ± 0.15	6.02 ± 0.28**	5.32 ± 0.09
R. Kidney			
Absolute	0.251 ± 0.007 ^d	0.265 ± 0.010	0.257 ± 0.007 ^e
Relative	8.03 ± 0.17 ^d	8.38 ± 0.27	8.37 ± 0.14 ^e
Liver			
Absolute	1.816 ± 0.089	1.770 ± 0.107 ^f	1.761 ± 0.083 ^e
Relative	57.41 ± 2.25	55.45 ± 3.13 ^f	56.94 ± 1.93 ^e
Lungs			
Absolute	0.276 ± 0.014	0.293 ± 0.012	0.410 ± 0.010**
Relative	8.80 ± 0.42	9.28 ± 0.34	13.39 ± 0.28**

* Significantly different (P≤0.05) from the control group by Williams' or Dunnett's test

** P≤0.01

^a Organ weights and body weights are given in grams; organ-weight-to-body-weight ratios are given as mg organ weight/g body weight (mean ± standard error)^b n=27^c n=28^d n=29^e n=24^f n=22

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F-1

APPENDIX F

LUNG BURDEN, PULMONARY FUNCTION, AND LUNG BIOCHEMISTRY IN RATS

METHODS	F-2
TABLE F1 Number of Rats Evaluated for Lung Talc Burden, Pulmonary Function, and Lung Biochemistry	F-6
TABLE F2 Lung Talc Burden (Normalized to Control Lung Weight) of Rats	F-7
TABLE F3 Lung Talc Burden (Normalized to Exposure Concentration) of Rats	F-7
TABLE F4 Bronchoalveolar Lavage Fluid Enzymes of Rats at the 24-Month Interim Evaluation	F-8
TABLE F5 Bronchoalveolar Lavage Fluid Cell Populations of Rats at the 24-Month Interim Evaluation	F-8
TABLE F6 Viability and Phagocytic Activity of Macrophages in Bronchoalveolar Fluid of Rats at the 24-Month Interim Evaluation	F-9
TABLE F7 Lung Collagen Metabolism and Protein Synthesis in Rats at the 24-Month Interim Evaluation	F-9
TABLE F8 Proteinase Activity in Lavage Fluid and Lung Homogenate Supernatant Fluid of Rats at the 24-Month Interim Evaluation	F-10
TABLE F9 Respiratory Frequency of Rats	F-11
TABLE F10 Total Lung Capacity of Rats	F-11
TABLE F11 Total Lung Capacity/Kilogram Body Weight of Rats	F-12
TABLE F12 Tidal Volume of Rats	F-12
TABLE F13 Minute Volume of Rats	F-13
TABLE F14 Minute Volume/Kilogram Body Weight of Rats	F-13
TABLE F15 Residual Volume of Rats	F-14
TABLE F16 Residual Volume/Total Lung Capacity of Rats	F-14
TABLE F17 Vital Capacity of Rats	F-15
TABLE F18 Vital Capacity/Total Lung Capacity of Rats	F-15
TABLE F19 Forced Vital Capacity of Rats	F-16
TABLE F20 Forced Vital Capacity/Kilogram Body Weight of Rats	F-16
TABLE F21 Functional Residual Capacity of Rats	F-17
TABLE F22 Functional Residual Capacity/Total Lung Capacity of Rats	F-17
TABLE F23 Total Pulmonary Resistance of Rats	F-18
TABLE F24 Maximum Quasistatic Compliance of Rats	F-18
TABLE F25 Quasistatic Chord Compliance of Rats	F-19
TABLE F26 Dynamic Compliance of Rats	F-19
TABLE F27 Peak Expiratory Flow of Rats	F-20
TABLE F28 Peak Expiratory Flow/Forced Vital Capacity of Rats	F-20
TABLE F29 Expiratory Flow 10% Forced Vital Capacity of Rats	F-21
TABLE F30 Expiratory Flow 10% Forced Vital Capacity/Forced Vital Capacity of Rats	F-21
TABLE F31 Expiratory Flow 25% Forced Vital Capacity of Rats	F-22
TABLE F32 Expiratory Flow 25% Forced Vital Capacity/Forced Vital Capacity of Rats	F-22
TABLE F33 Expiratory Flow 50% Forced Vital Capacity of Rats	F-23
TABLE F34 Expiratory Flow 50% Forced Vital Capacity/Forced Vital Capacity of Rats	F-23
TABLE F35 Mean Midexpiratory Flow of Rats	F-24
TABLE F36 Mean Midexpiratory Flow/Forced Vital Capacity of Rats	F-24
TABLE F37 Carbon Monoxide Diffusing Capacity of Rats	F-25
TABLE F38 Carbon Monoxide Diffusing Capacity/Lung Volume of Rats	F-25
TABLE F39 Carbon Monoxide Diffusing Capacity/Kilogram Body Weight of Rats	F-26
TABLE F40 Percent Forced Vital Capacity Expired in 0.1 Second of Rats	F-26
TABLE F41 Slope III of N ₂ Washout of Rats	F-27

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F-2

Talc, NTP TR 421

METHODS

Lung Burden

Lung talc burden was measured to determine the relationship between the exposure concentration and the amount of talc deposited and retained within the pulmonary region of the respiratory tract. The method used for analyzing for talc in lungs has been published (Hanson *et al.*, 1985). Lung burdens were determined on 3 male and 3 female rats from each exposure group sacrificed at 27, 47, 79, and 105 weeks after the start of exposure. The analysis was based on determination of acid insoluble magnesium in the lung. MRI reported that the value for the magnesium was 19.33% for batch 02 and 19.47% for batch 03. These values and the results of the analysis at LITRI were close to the theoretical value of magnesium for talc (19.22%). Since rats sacrificed at 27, 47, and 79 weeks had been exposed to only batch 02 of talc, 19.33% magnesium was used to calculate the quantity of talc for these rats. Because batch 03 was used for the last 4 months of exposure and lung burdens of rats after 105 weeks of exposure to talc would be expected to contain substantial amounts of batch 03 talc, 19.47% magnesium was used to calculate the quantity of talc deposited in the lungs of these rats.

All operations in conjunction with tissue analysis for talc were done while wearing talc-free gloves. Left lung lobes were weighed at necropsy and stored frozen (-20° C) until used. Lungs were homogenized using water and the proteins were precipitated with 70% perchloric acid. The individual samples were filtered and washed with 5% trichloroacetic acid (TCA) to remove perchlorates. Washing continued until magnesium levels in the wash were within 10% of levels in the TCA solution (≤ 0.03 ppm magnesium). Filters and tissue residues were placed in 15 mL porcelain crucibles, dried slowly (200° C), and then ashed at 600° C for 1 hour. Ashed samples were transferred to Teflon beakers using 2 mL HCl and evaporated to dryness. Samples were then digested in hydrofluoric acid (HF), and the HF evaporated. Additional HF was added and reevaporated. Sulfuric acid was added to remove trace HF, and samples were then diluted with distilled water and analyzed for magnesium by atomic absorbance (Perkin Elmer, Model 306, Atomic Absorption Spectrophotometer) with a magnesium hollow cathode lamp and an air acetylene flame (Hanson *et al.*, 1985).

Pulmonary Function

Ten male and 10 female rats from each exposure level were assigned for respiratory function analyses. Respiratory function was measured at 6 months (27 weeks), 10 months (43 weeks), and 18 months (79 weeks). At 24 months (103 to 104 weeks) of exposure, respiratory function was performed on all surviving rats not assigned to the lifetime study. Respiratory function was measured by noninvasive techniques, using methods previously published (Harkema *et al.*, 1982).

Tests were conducted using a 1.4 L combination flow and pressure plethysmograph. Flows were measured by measuring differential pressures across a wire screen pneumotachograph in the plethysmograph wall. Volumes were obtained by integration (Model 6, Pulmonary Mechanics Analyzer, Buxco Electronics, Sharon, CT). In the pressure mode, used only for measuring functional residual capacity, the pneumotachograph hole was sealed and volume changes were measured as pressure changes. The plethysmograph was maintained at approximately 37° C by a resistance element. Transpulmonary pressure was measured using transducers connected to the external airway and a liquid-filled, 2.2 mm O.D. esophageal catheter.

A positive-negative pressure respirator system was used to induce quasistatic and forced respiratory movements, simulating the movements performed voluntarily by man. Reservoirs maintained at +40 and -50 cm H₂O were connected to the airway by solenoid valves. Inspiratory and quasistatic expiratory flow rates were limited by calibrated needle valves to 5 and 3 mL/sec, respectively. Inspirations were stopped automatically at a transpulmonary pressure of 30 cm H₂O, defining the lung volume at that distending pressure as total lung capacity (TLC). Forced inhalations were induced from TLC by opening the airway to the negative pressure reservoir via a rapidly opening valve having a 9.5 mm I.D., with no intentional flow restriction between the valve and the reservoir.

The rats were anesthetized with halothane and intubated orally with a tracheal catheter 5.5 cm long \times 1.8 mm I.D., fabricated from a 14-gauge intravenous catheter as previously described (Mauderly, 1977).

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Board Draft

Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-3

The breathing port in the plethysmograph wall was a luer fitting drilled to 2.5 mm I.D. The frequency response of the plethysmograph-respirator-tracheal catheter system has been tested and found adequate for forced expiratory events in rats. No phase lag among flow, pressure and volume signals has been found in the frequency range of spontaneous breathing.

Rats were anesthetized, intubated and placed prone in the plethysmograph. The esophageal catheter was adjusted to maximize the recorded transpulmonary pressure signal. Anesthetic depth was adjusted to yield a respiratory frequency of 50 to 60 per minute. Respiratory frequency, tidal volume, minute volume, dynamic lung compliance, and total pulmonary resistance were recorded during spontaneous respiration, time-averaged by a data logger and displayed on a teletype terminal.

Prior to each subsequent measurement procedure, the rat's lung was manually inflated with a syringe to induce apnea. A quasistatic deflation from TLC to residual volume allowed measurement of vital capacity and the quasistatic expiratory pressure-volume curve. Quasistatic lung chord compliance was measured as the slope of the curve over the chord between the apneic lung volume and the volume at +10 cm H₂O pressure. Maximum quasistatic compliance was measured as the steepest slope of the pressure-volume curve over any 2 cm H₂O pressure interval. Functional residual capacity was measured by the barometric method (Dubois *et al.*, 1956) from recordings of lung volume and airway pressure changes as the rat resumed breathing against a blocked airway. From these measurements, all subdivisions of lung volume were calculated including residual volume.

Alveolar-capillary gas exchange was evaluated by a single-breath, CO diffusing capacity test (Ogilvie *et al.*, 1957). The lungs were inflated with a gas mixture containing CO and Ne in air to 20 cm H₂O transpulmonary pressure. After 6 seconds, one-half of the gas was withdrawn and the remaining gas collected for analysis by gas chromatography. The lung volume when inflated with the mixture was measured by neon dilution.

A forced inhalation was performed as described above, and the maneuver analyzed by a microprocessor in the data logger (Model D-12, Buxco). Data included forced vital capacity (FVC), the percentage of FVC exhaled in 0.1 second, flow rates at peak flow, and at 50%, 25%, and 10% of FVC.

A single-breath nitrogen washout was performed by recording volume and nitrogen concentration of expirate during a slow deflation after an inflation to TLC with oxygen. The slope of phase III ("alveolar plateau") of the washout curve was calculated to assess the uniformity of intrapulmonary gas distribution.

Lung Biochemistry

All surviving rats from each exposure group (the 3 males and 3 females originally assigned for lung burden/histology and the 10 males and 10 females from physiology/biochemistry) were sacrificed after 105 weeks of exposure.

The rats were anesthetized with halothane and sacrificed by exsanguination from the abdominal aorta or renal artery. The heart and lung block was removed, the right apical, right cardiac, and right intermediate portions of each rat lung were given endobronchial saline lavage (6 mL total volume in three, 2.0 mL washes of saline), and the bronchoalveolar lavage (BAL) fluid was centrifuged at 300 × G to separate the cells from the supernatant fluid.

Airway Fluid Enzymes and Cytology Measurements

In this study, BAL fluid was analyzed to determine the degree of:

- 1) Cell injury as indicated by concentration of lactate dehydrogenase (LDHP)
- 2) Chronic inflammatory response as indicated by presence of increased numbers of polymorphonuclear leukocytes (PMN) and pulmonary alveolar macrophages (AM) as well as increased protein and alkaline phosphatase activity

Board Draft

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F-4

Talc, NTP TR 421

- 3) Lysosomal activation as indicated by β -glucuronidase and acid proteinase activity. Elevated enzyme activities have been observed in BAL fluid from rodents exposed to particles. These enzymes may be associated with the breakdown of necrotic tissues.
- 4) Response to oxidant injury as indicated by increased glutathione reductase activity.

The supernatant fluid was analyzed by spectrophotometric, kinetic, and enzymatic analyses for the activities of β -glucuronidase, LDHP, glucose-6-phosphate dehydrogenase, alkaline phosphatase, glutathione reductase, and glutathione peroxidase. Acid proteinase was measured by the release of radiolabeled globin peptides from the trichloroacetic acid-precipitable protein substrate, and total protein was analyzed colorimetrically (Henderson *et al.*, 1985).

Numbers of total nucleated cells recovered in lavage fluid were determined using a cell counter (Coulter Electronic, Hialeah, FL) or a hemocytometer. Cytocentrifuge preparations of resuspended cells were made, stained with Wright's stain (Diff-Quick, Curtin Matheson Scientific, Denver, CO) and the differential cell count determined.

Alveolar macrophages (AM) were recovered from BAL fluid of the same rats as described above. The cells (1×10^6) were suspended in Roswell Park Memorial Institute (RPMI) 1640 culture medium and pelleted by centrifugation and the supernatant RPMI removed. Cells were resuspended in 1 mL of a 1% suspension of IgG antibody-sensitized sheep red blood cells (SRBC) in RPMI 1640. The antibody-sensitized SRBC were made as previously described (Harmsen and Jeska, 1980). The subagglutinating titer of heat-inactivated rabbit anti-SRBC serum was used to sensitize the SRBC. The AM and SRBC suspensions were incubated at 37° C for 1 hour in a humidified atmosphere of 5% CO₂ in air. The AM and SRBC were sedimented by centrifugation and the supernatant discarded. Unphagocytized SRBC were removed by lysing the RBC with water for 30 seconds. Lysing of unphagocytized SRBC was stopped by the addition of an equal volume of saline and cytocentrifuge preparations were made. The slides were stained with Wright's stain (Diff-Quik, American Scientific Products, McGaw Park, IL) and the percent of AM phagocytizing SRBC was determined by light microscopy. Three fields of 100 cells per preparation were counted. Viability was determined by trypan blue exclusion.

Lung Tissue Collagen and Proteinase

In this study, rats sacrificed at 105 weeks of talc exposure were used for collagen metabolism, protein synthesis, and proteinase activity measurements. Tissue and BAL fluid from single rats were used for analyses.

To estimate collagen and protein synthesis, ¹⁴C-proline (0.1 μ Ci/g body weight) was injected intraperitoneally approximately 2 to 3 hours prior to sacrifice. Lung lobes to be analyzed for collagen were frozen in liquid nitrogen and pulverized. The pulverized lungs were extracted overnight in 0.5M acetic acid at 4° C, and centrifuged to separate the insoluble material from the supernatant fluid. The supernatant fluid was separated into high and low molecular weight fractions using Amicon Cones with a size cutoff of approximately 50 kDa.

All samples for collagen analyses from lung and lavage supernatant fluid were hydrolyzed for approximately 18 hours in 6N HCl at 110° C to convert proteins to their individual amino acids, were evaporated to dryness to remove the HCl, and were resuspended in 0.001 N HCl prior to analysis.

Collagen quantity was measured and multiplied by 7.46 to convert BAL or lung tissue hydroxyproline content to BAL or lung tissue collagen content, taking into account that collagen is approximately 13% hydroxyproline by weight (Neuman and Logan, 1950).

Radioactive proline and hydroxyproline were quantitated in the low molecular weight supernatant fluid fraction and in a sample containing both the high molecular weight supernatant fluid fraction and the acetic acid insoluble fraction. Following this, the radioactive proline and hydroxyproline quantities were

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Board Draft

Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-5

used to calculate the noncollagenous protein synthesis, the collagen production, and the intracellular collagen degradation.

Noncollagenous protein synthesis was measured as the total radioactive proline incorporation into lung tissue minus the incorporation into lung tissue which was related to collagen synthesis. The radioactive proline in collagen was assumed to be equal to the radioactive hydroxyproline, thus, incorporation into collagen was calculated as twice the radioactive hydroxyproline. Collagen production (% of newly synthesized protein that was collagen) was calculated as the percentage of the total incorporation of proline into all proteins constituted by collagen, and adjusted for the 5.4-fold difference in the content of total amino acids (proline and hydroxyproline) between collagen and noncollagenous protein (Pickrell *et al.*, 1987). Intracellular collagen degradation (as a percent of newly synthesized collagen) was calculated as the percentage of total radioactive hydroxyproline in collagen constituted by low molecular weight radioactive hydroxyproline-containing peptides.

Lung tissue proteinase activity was measured as the release of ^{14}C -leucine from prelabeled globin at pH 4.2 and 7.5 (Gregory and Pickrell, 1982; Harkema *et al.*, 1984; Pickrell *et al.*, 1987). Acid proteinase activity was inhibited by leupeptin to indicate either neutrophil and macrophage cathepsin B (inhibited) or macrophage cathepsin D (not inhibited)-like activity. Neutral proteinase activity was inhibited by 1,10-phenanthroline to indicate either macrophage elastase (inhibited) or neutrophil elastase-cathepsin G (not inhibited)-like activity.

Board Draft

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F-6

Talc, NTP TR 421

TABLE F1
Number of Rats Evaluated for Lung Talc Burden, Pulmonary Function, and Lung Biochemistry

	Male			Female		
	0 mg/m ³	6 mg/m ³	18 mg/m ³	0 mg/m ³	6 mg/m ³	18 mg/m ³
Lung Burden						
6-Month Interim	- ^a	3	3	-	3	3
11-Month Interim	-	3	3	-	3	3
18-Month Interim	-	3	3	-	2	3
24-Month Interim	-	6	9	-	2	3
Pulmonary Function						
6-Month Interim	9	10	10	10	10	10
11-Month Interim	9	10	10	10	10	10
18-Month Interim	9	10	10	9	9	9
24-Month Interim	3	6	3	6	9	3
Lung Biochemistry						
24-Month Interim	3	6	2	5	9	3

^a Lung burden not measured in 0 mg/m³ rats.

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Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-7

TABLE F2
Lung Talc Burden (Normalized to Control Lung Weight) of Rats^a

	6 months	12 months	18 months	24 months
Male				
0 mg/m ³	- ^b	-	-	-
6 mg/m ³	2.63 ± 0.24	4.38 ± 0.59	7.31 ± 0.71	10.45 ± 1.26
18 mg/m ³	10.83 ± 0.23	20.96 ± 2.04	27.57 ± 0.91	24.15 ± 3.41
Female				
0 mg/m ³	-	-	-	-
6 mg/m ³	2.43 ± 0.19	4.71 ± 0.26	7.66 ± 0.34	9.10 ± 0.88
18 mg/m ³	8.34 ± 0.12	14.16 ± 3.36	24.33 ± 0.63	29.40 ± 2.40

^a Units are presented as mg talc/g control lung.^b No measurements takenTABLE F3
Lung Talc Burden (Normalized to Exposure Concentration) of Rats^a

	Male		Female	
	6 mg/m ³	18 mg/m ³	6 mg/m ³	18 mg/m ³
6-Month Interim	0.439 ± 0.040	0.602 ± 0.013*	0.406 ± 0.032	0.464 ± 0.007*
12-Month Interim	0.731 ± 0.098	1.165 ± 0.113*	0.785 ± 0.043	0.787 ± 0.187
18-Month Interim	1.22 ± 0.12	1.53 ± 0.05	1.28 ± 0.06	1.35 ± 0.04
24-Month Interim	1.74 ± 0.21	1.34 ± 0.19	1.52 ± 0.15	1.63 ± 0.13

* Significantly different (P≤0.05) from the 6 mg/m³ group by Dunn's or Shirley's test^a Units are presented as mg talc/g control lung/mg/m³

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F-8

Talc, NTP TR 421

TABLE F4
Bronchoalveolar Lavage Fluid Enzymes of Rats at the 24-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
B-Glucuronidase ^a	1.09 ± 0.40	18.86 ± 3.20*	89.24 ± 14.24**
Lactate dehydrogenase	1,634 ± 545	3,193 ± 606	8,262 ± 380*
Alkaline phosphatase	364.7 ± 147	572.8 ± 86.8	1,604.7 ± 143*
Glutathione reductase	103.03 ± 16.43	99.35 ± 19.79	110.99 ± 51.27
Total protein ^b	1.78 ± 0.40	3.12 ± 0.64	5.79 ± 0.55*
Female			
B-Glucuronidase	3.33 ± 0.97	41.05 ± 4.39**	154.16 ± 17.21**
Lactate dehydrogenase	1,655 ± 266	3,906 ± 444*	14E3 ± 1E3**
Alkaline phosphatase	427.8 ± 30.9	853.6 ± 79.7**	2,504.7 ± 221**
Glutathione reductase	100.6 ± 1.7	135.2 ± 22.4	460.0 ± 44.8*
Total protein	1.20 ± 0.22	4.30 ± 0.36**	12.96 ± 0.28**

* Significantly different (P≤0.05) from the control group by Dunn's or Shirley's test

** P≤0.01

^a Units presented as mIU/g control lung^b Units presented as mg/g control lung**TABLE F5**
Bronchoalveolar Lavage Fluid Cell Populations of Rats at the 24-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Polymorphonuclear cells ^a	0.333 ± 0.167	24.417 ± 2.557*	32.500 ± 3.000*
Lymphocytes	0.000 ± 0.000	0.500 ± 0.258	0.500 ± 0.500
Macrophages	93.67 ± 3.72	70.25 ± 2.53*	62.75 ± 1.75*
Epithelial cells	6.00 ± 3.61	4.83 ± 1.41	4.25 ± 1.75
Female			
Polymorphonuclear cells	0.625 ± 0.315	25.778 ± 2.673**	37.000 ± 1.528**
Lymphocytes	0.000 ± 0.000	0.722 ± 0.188*	1.333 ± 0.667*
Macrophages	91.38 ± 1.75	71.22 ± 2.95**	57.33 ± 4.67**
Epithelial cells	8.00 ± 2.01	2.28 ± 0.50*	4.33 ± 2.60

* Significantly different (P≤0.05) from the control group by Dunn's or Shirley's test

** P≤0.01

^a Units presented as percent of total cells

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Board Draft

Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-9

TABLE F6

Viability and Phagocytic Activity of Macrophages in Bronchoalveolar Fluid of Rats at the 24-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Viability ^a	63.67 ± 5.91	66.73 ± 1.59	57.70 ± 5.00
Phagocytic activity ^b	83.13 ± 4.54	63.12 ± 8.14	65.30 ^c
Female			
Viability	82.65 ± 9.65	74.64 ± 3.24	61.00 ± 4.42
Phagocytic activity	75.60 ± 5.14	66.51 ± 8.09	70.15 ± 2.85

^a Units are presented as percent viable cells.^b Units are presented as percent cells phagocytizing sheep erythrocytes.^c n=1; no statistic calculated

TABLE F7

Lung Collagen Metabolism and Protein Synthesis in Rats at the 24-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lavage fluid collagenous peptides ^a	39.79 ± 5.07	46.99 ± 6.51	79.21 ± 13.73
Total lung collagen ^b	13.87 ± 0.60	15.98 ± 0.39*	18.88 ± 3.35*
Collagen production ^c	1.58 ± 0.17	1.60 ± 0.17	1.63 ± 0.22
Collagen degradation ^d	31.67 ± 1.72	27.74 ± 1.42	9.18 ± 2.38*
Non-collagenous protein synthesis ^e	142.1 ± 14.5	199.8 ± 22.1*	312.2 ± 10.6**
Female			
Lavage fluid collagenous peptides	78.27 ± 11.64	115.36 ± 8.61*	174.71 ± 13.56**
Total lung collagen	14.32 ± 0.66	19.95 ± 1.58*	36.47 ± 3.39**
Collagen production	0.982 ± 0.185	1.804 ± 0.144*	2.264 ± 0.347**
Collagen degradation	14.41 ± 2.44	21.59 ± 4.99	9.38 ± 1.63
Non-collagenous protein synthesis	173.9 ± 34.5	325.8 ± 90.9	554.3 ± 107*

* Significantly different (P≤0.05) from the control group by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as µg/g control lung.^b Units are presented as mg/g control lung.^c Units are presented as percent new protein.^d Units are presented as percent new collagen.^e Units are presented as dpm x 10³/g control lung.

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F-10

Talc, NTP TR 421

TABLE F8
Proteinase Activity in Lavage Fluid and Lung Homogenate Supernatant Fluid of Rats
at the 24-Month Interim Evaluation^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lavage Fluid			
Acid Proteinase	0.994 ± 0.329	1.866 ± 0.174	4.307 ± 0.218*
Cathepsin D	0.147 ± 0.147	0.599 ± 0.150	2.420 ± 0.147**
Cathepsin B	0.924 ± 0.415	1.267 ± 0.094	1.887 ± 0.365
Homogenate Supernatant Fluid			
Acid Proteinase	10.92 ± 0.64	17.51 ± 0.90*	25.13 ± 1.50**
Cathepsin D	8.53 ± 0.91	14.04 ± 0.62*	21.03 ± 1.56**
Cathepsin B	2.39 ± 0.41	3.48 ± 0.37	4.10 ± 0.06*
Neutral Proteinase	0.715 ± 0.168	2.417 ± 0.304*	4.505 ^b
PMN Elastase Cathepsin G	0.490 ± 0.218	1.936 ± 0.242*	4.457 ± 0.377**
Macrophage Elastase Collagenase	0.225 ± 0.099	0.482 ± 0.077	0.000 ^b
Female			
Lavage Fluid			
Acid Proteinase	1.52 ± 0.12	3.46 ± 0.33*	6.05 ± 0.73**
Cathepsin D	0.015 ± 0.015	1.310 ± 0.292*	4.043 ± 0.578**
Cathepsin B	1.61 ± 0.26	2.15 ± 0.22	2.01 ± 0.17
Homogenate Supernatant Fluid			
Acid Proteinase	14.04 ± 0.95	29.43 ± 1.18**	38.61 ± 1.81**
Cathepsin D	10.05 ± 0.68	22.97 ± 1.07**	30.25 ± 1.60**
Cathepsin B	3.99 ± 0.58	6.46 ± 0.60*	8.37 ± 0.42**
Neutral Proteinase	0.648 ± 0.087	5.040 ± 0.418**	12.293 ± 1.598**
PMN Elastase Cathepsin G	0.785 ± 0.142	4.351 ± 0.261**	10.313 ± 2.694**
Macrophage Elastase Collagenase	0.054 ± 0.037	0.683 ± 0.175*	2.012 ± 1.126*

* Significantly different (P≤0.05) from the control group by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mg/hour/mg control lung.^b n=1; no statistic calculated

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Board Draft

Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-11

TABLE F9
Respiratory Frequency of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	57.11 ± 0.86	55.00 ± 1.13	54.00 ± 0.75*
11-Month Interim	55.33 ± 1.11	56.10 ± 0.92	53.50 ± 0.99
18-Month Interim	56.50 ± 1.34	55.40 ± 1.08	54.60 ± 1.13
24-Month Interim	57.67 ± 1.20	56.50 ± 1.80	56.67 ± 1.86
Female			
6-Month Interim	52.10 ± 0.55	54.50 ± 1.19	54.30 ± 0.90
11-Month Interim	53.60 ± 0.73	53.70 ± 1.10	55.20 ± 0.94
18-Month Interim	55.44 ± 1.12	54.56 ± 0.93	55.22 ± 1.41
24-Month Interim	57.67 ± 1.23	54.44 ± 0.93	59.00 ± 0.58

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

^a Units are presented as b/min; ratio is (dosed group mean/control group mean)×100

TABLE F10
Total Lung Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	19.86 ± 0.54	19.48 ± 0.46	19.25 ± 0.39
11-Month Interim	20.06 ± 0.32	18.44 ± 0.39**	17.67 ± 0.45**
18-Month Interim	20.30 ± 0.45	18.87 ± 0.41*	16.34 ± 0.52**
24-Month Interim	20.50 ± 0.83	20.20 ± 0.28	16.47 ± 1.53
Female			
6-Month Interim	14.20 ± 0.25	14.56 ± 0.27	13.80 ± 0.27
11-Month Interim	13.29 ± 0.21	12.91 ± 0.17	12.06 ± 0.26**
18-Month Interim	13.94 ± 0.26	12.68 ± 0.28**	11.43 ± 0.31**
24-Month Interim	14.85 ± 0.31	13.73 ± 0.34*	11.50 ± 1.07**

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P=≤.01

^a Units are presented as mL; ratio is (dosed group mean/control group mean)×100

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F-12

Talc, NTP TR 421

TABLE F11
Total Lung Capacity/Kilogram Body Weight of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	51.63 ± 1.05	51.45 ± 1.03	53.32 ± 0.78
11-Month Interim	47.71 ± 0.99	44.11 ± 0.87*	43.42 ± 0.74**
18-Month Interim	45.92 ± 1.58	42.98 ± 1.15	38.74 ± 1.50**
24-Month Interim	51.05 ± 4.36	48.49 ± 1.40	44.16 ± 1.29
Female			
6-Month Interim	67.73 ± 1.26	67.06 ± 1.65	65.41 ± 1.50
11-Month Interim	55.21 ± 1.91	52.37 ± 1.05	50.24 ± 1.19
18-Month Interim	45.78 ± 1.26	43.40 ± 1.18	43.26 ± 2.42
24-Month Interim	49.03 ± 1.31	48.93 ± 2.49	44.54 ± 0.51

- * Significantly different (P≤0.05) from the control by Dunn's or Shirley's test
- ** P≤0.01
- ^a Units are presented as mL/kg; ratio is (dosed group mean/control group mean)×100

TABLE F12
Tidal Volume of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	1.83 ± 0.09	1.90 ± 0.08	2.01 ± 0.10
11-Month Interim	1.94 ± 0.06	1.91 ± 0.06	1.93 ± 0.06
18-Month Interim	1.66 ± 0.08	1.63 ± 0.08	1.74 ± 0.08
24-Month Interim	1.50 ± 0.00	1.85 ± 0.16	2.13 ± 0.19*
Female			
6-Month Interim	1.65 ± 0.07	1.53 ± 0.11	1.40 ± 0.07*
11-Month Interim	1.66 ± 0.07	1.68 ± 0.06	1.43 ± 0.09
18-Month Interim	1.54 ± 0.04	1.34 ± 0.06*	1.40 ± 0.03*
24-Month Interim	1.43 ± 0.08	1.39 ± 0.09	1.37 ± 0.15

- * Significantly different (P≤0.05) from the control by Dunn's or Shirley's test
- ^a Units are presented as mL; ratio is (dosed group mean/control group mean)×100

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Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-13

TABLE F13
Minute Volume of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	102.5 ± 3.9	104.8 ± 4.2	104.8 ± 3.4
11-Month Interim	104.5 ± 3.4	106.2 ± 2.3	100.5 ± 2.8
18-Month Interim	97.34 ± 2.79	90.83 ± 3.45	95.87 ± 4.61
24-Month Interim	92.53 ± 2.64	107.25 ± 6.34	117.77 ± 11.70
Female			
6-Month Interim	85.43 ± 4.22	83.05 ± 4.44	76.36 ± 3.45
11-Month Interim	87.89 ± 3.95	88.18 ± 3.26	78.78 ± 3.81
18-Month Interim	87.14 ± 2.71	73.54 ± 3.02**	76.83 ± 2.29**
24-Month Interim	83.87 ± 5.04	79.64 ± 5.29	82.07 ± 5.95

** Significantly different (P=0.01) from the control by Dunn's or Shirley's test

^a Units are presented as mL/min; ratio is (dosed group mean/control group mean)×100TABLE F14
Minute Volume/Kilogram Body Weight of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	266.0 ± 7.0	277.7 ± 12.8	285.1 ± 9.5
11-Month Interim	247.9 ± 5.9	254.5 ± 7.2	247.6 ± 8.2
18-Month Interim	219.4 ± 4.6	206.8 ± 8.2	226.8 ± 10.5
24-Month Interim	229.5 ± 12.7	256.9 ± 14.8	319.9 ± 38.1
Female			
6-Month Interim	408.7 ± 23.3	381.7 ± 19.5	362.7 ± 19.2
11-Month Interim	365.0 ± 18.9	359.3 ± 18.1	330.1 ± 20.7
18-Month Interim	286.2 ± 11.0	250.6 ± 7.6	291.6 ± 17.7
24-Month Interim	276.9 ± 17.4	282.5 ± 21.4	328.8 ± 57.7

^a Units are presented as mL/min/kg; ratio is (dosed group mean/control group mean)×100

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F-14

Talc, NTP TR 421

TABLE F15
Residual Volume of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	2.90 ± 0.21	2.99 ± 0.17	2.64 ± 0.11
11-Month Interim	2.06 ± 0.17	1.63 ± 0.10	1.70 ± 0.16
18-Month Interim	1.96 ± 0.15	1.74 ± 0.13	1.98 ± 0.16
24-Month Interim	3.23 ± 0.48	2.83 ± 0.19	2.20 ± 0.32
Female			
6-Month Interim	2.18 ± 0.14	2.39 ± 0.22	2.47 ± 0.15
11-Month Interim	1.22 ± 0.15	1.25 ± 0.17	1.65 ± 0.14
18-Month Interim	1.28 ± 0.11	1.52 ± 0.13	1.83 ± 0.13**
24-Month Interim	1.68 ± 0.11	1.72 ± 0.23	1.73 ± 0.19

** Significantly different (P≤0.01) from the control by Dunn's or Shirley's test

^a Units are presented as mL; ratio is (dosed group mean/control group mean)×100

TABLE F16
Residual Volume/Total Lung Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	0.146 ± 0.009	0.154 ± 0.009	0.137 ± 0.004
11-Month Interim	0.102 ± 0.008	0.088 ± 0.005	0.096 ± 0.008
18-Month Interim	0.097 ± 0.007	0.092 ± 0.007	0.121 ± 0.010
24-Month Interim	0.157 ± 0.019	0.140 ± 0.010	0.133 ± 0.011
Female			
6-Month Interim	0.153 ± 0.009	0.163 ± 0.013	0.179 ± 0.011
11-Month Interim	0.091 ± 0.010	0.096 ± 0.013	0.137 ± 0.011*
18-Month Interim	0.091 ± 0.007	0.120 ± 0.010*	0.160 ± 0.009**
24-Month Interim	0.113 ± 0.007	0.125 ± 0.016	0.151 ± 0.005

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL/mL; ratio is (dosed group mean/control group mean)×100

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Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-15

TABLE F17
Vital Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	16.96 ± 0.49	16.49 ± 0.44	16.61 ± 0.32
11-Month Interim	18.01 ± 0.27	16.82 ± 0.37*	15.97 ± 0.42**
18-Month Interim	18.35 ± 0.45	17.15 ± 0.38	14.36 ± 0.51**
24-Month Interim	17.27 ± 0.48	17.35 ± 0.34	14.27 ± 1.26
Female			
6-Month Interim	12.02 ± 0.22	12.17 ± 0.20	11.33 ± 0.28
11-Month Interim	12.06 ± 0.20	11.68 ± 0.18	10.40 ± 0.25**
18-Month Interim	12.66 ± 0.21	11.14 ± 0.31**	9.61 ± 0.26**
24-Month Interim	13.15 ± 0.27	11.99 ± 0.32*	9.77 ± 0.90**

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL; ratio is (dosed group mean/control group mean)×100

TABLE F18
Vital Capacity/Total Lung Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	0.854 ± 0.009	0.846 ± 0.009	0.863 ± 0.004
11-Month Interim	0.898 ± 0.008	0.912 ± 0.005	0.904 ± 0.008
18-Month Interim	0.904 ± 0.007	0.909 ± 0.006	0.878 ± 0.010
24-Month Interim	0.843 ± 0.19	0.859 ± 0.010	0.867 ± 0.011
Female			
6-Month Interim	0.847 ± 0.009	0.837 ± 0.013	0.821 ± 0.011
11-Month Interim	0.908 ± 0.010	0.905 ± 0.012	0.862 ± 0.010*
18-Month Interim	0.908 ± 0.007	0.879 ± 0.010*	0.841 ± 0.009**
24-Month Interim	0.886 ± 0.007	0.874 ± 0.016	0.849 ± 0.005

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL/mL; ratio is (dosed group mean/control group mean)×100

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F-16

Talc, NTP TR 421

TABLE F19
Forced Vital Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	17.88 ± 0.40	17.15 ± 0.45	17.38 ± 0.41
11-Month Interim	19.03 ± 0.38	18.07 ± 0.43*	17.25 ± 0.45*
18-Month Interim	19.45 ± 0.45	17.92 ± 0.34*	15.28 ± 0.56**
24-Month Interim	17.27 ± 0.61	17.53 ± 0.46	14.90 ± 1.08
Female			
6-Month Interim	12.53 ± 0.33	12.38 ± 0.26	11.27 ± 0.33*
11-Month Interim	12.86 ± 0.25	12.44 ± 0.26	11.22 ± 0.25**
18-Month Interim	13.39 ± 0.24	11.91 ± 0.28**	10.24 ± 0.27**
24-Month Interim	13.08 ± 0.30	12.33 ± 0.33	10.03 ± 0.93**

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL; ratio is (dosed group mean/control group mean)×100**TABLE F20**
Forced Vital Capacity/Kilogram Body Weight of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	46.48 ± 0.61	45.32 ± 1.18	47.32 ± 1.25
11-Month Interim	45.26 ± 0.95	43.22 ± 0.95	42.42 ± 0.89
18-Month Interim	44.00 ± 1.56	40.82 ± 1.01	36.23 ± 1.57**
24-Month Interim	42.85 ± 2.67	42.00 ± 0.93	40.18 ± 2.32
Female			
6-Month Interim	59.78 ± 1.75	57.01 ± 1.49	53.37 ± 1.48*
11-Month Interim	53.35 ± 1.68	50.43 ± 1.16	46.69 ± 0.90**
18-Month Interim	43.95 ± 1.18	40.76 ± 1.08	38.75 ± 2.17**
24-Month Interim	43.23 ± 1.51	43.87 ± 2.08	38.85 ± 0.48

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL/kg; ratio is (dosed group mean/control group mean)×100

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Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-17

TABLE F21
Functional Residual Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	4.48 ± 0.25	4.48 ± 0.22	4.17 ± 0.10
11-Month Interim	3.34 ± 0.24	3.16 ± 0.09	3.19 ± 0.12
18-Month Interim	3.24 ± 0.16	3.07 ± 0.11	3.53 ± 0.14
24-Month Interim	4.53 ± 0.52	3.98 ± 0.24	4.37 ± 0.59
Female			
6-Month Interim	3.51 ± 0.12	3.72 ± 0.16	3.57 ± 0.15
11-Month Interim	2.78 ± 0.12	2.74 ± 0.10	2.87 ± 0.14
18-Month Interim	2.47 ± 0.08	2.82 ± 0.12*	3.17 ± 0.14**
24-Month Interim	3.07 ± 0.13	3.31 ± 0.26	3.27 ± 0.18

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL; ratio is (dosed group mean/control group mean)×100TABLE F22
Functional Residual Capacity/Total Lung Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	0.226 ± 0.012	0.230 ± 0.009	0.217 ± 0.006
11-Month Interim	0.166 ± 0.011	0.172 ± 0.006	0.181 ± 0.007
18-Month Interim	0.159 ± 0.006	0.163 ± 0.005	0.217 ± 0.008**
24-Month Interim	0.220 ± 0.020	0.197 ± 0.012	0.268 ± 0.042
Female			
6-Month Interim	0.248 ± 0.008	0.255 ± 0.009	0.258 ± 0.008
11-Month Interim	0.209 ± 0.008	0.212 ± 0.006	0.238 ± 0.010*
18-Month Interim	0.177 ± 0.007	0.223 ± 0.010**	0.277 ± 0.010**
24-Month Interim	0.207 ± 0.009	0.240 ± 0.016	0.287 ± 0.021*

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL/mL; ratio is (dosed group mean/control group mean)×100

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F-18

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TABLE F23
Total Pulmonary Resistance of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
18-Month Interim	0.075 ± 0.014	0.096 ± 0.009	0.120 ± 0.009*
24-Month Interim	0.110 ± 0.025	0.087 ± 0.028	0.067 ± 0.020
Female			
18-Month Interim	0.130 ± 0.012	0.131 ± 0.016	0.180 ± 0.010*
24-Month Interim	0.138 ± 0.020	0.131 ± 0.014	0.150 ± 0.035

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

^a Units are presented as cm H₂O/mL/second; ratio is (dosed group mean/control group mean)×100

TABLE F24
Maximum Quasistatic Compliance of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	1.97 ± 0.15	1.84 ± 0.12	2.01 ± 0.13
11-Month Interim	2.32 ± 0.10	1.92 ± 0.12*	1.91 ± 0.09*
18-Month Interim	2.35 ± 0.07	2.09 ± 0.16	1.57 ± 0.07**
24-Month Interim	2.00 ± 0.30	2.01 ± 0.11	1.48 ± 0.20
Female			
6-Month Interim	1.37 ± 0.11	1.47 ± 0.11	1.37 ± 0.08
11-Month Interim	1.273 ± 0.062	1.276 ± 0.033	0.968 ± 0.057**
18-Month Interim	1.704 ± 0.108	1.123 ± 0.050**	0.908 ± 0.068**
24-Month Interim	1.538 ± 0.055	1.263 ± 0.062**	0.883 ± 0.093**

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL/cm H₂O; ratio is (dosed group mean/control group mean)×100

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Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-19

TABLE F25
Quasistatic Chord Compliance of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	1.18 ± 0.05	1.16 ± 0.04	1.17 ± 0.03
11-Month Interim	1.34 ± 0.02	1.20 ± 0.04*	1.15 ± 0.04**
18-Month Interim	1.343 ± 0.037	1.205 ± 0.040*	0.982 ± 0.037**
24-Month Interim	1.167 ± 0.104	1.220 ± 0.035	0.890 ± 0.124
Female			
6-Month Interim	0.824 ± 0.030	0.895 ± 0.091	0.802 ± 0.024
11-Month Interim	0.841 ± 0.020	0.809 ± 0.016	0.684 ± 0.025**
18-Month Interim	0.879 ± 0.019	0.749 ± 0.027**	0.607 ± 0.030**
24-Month Interim	0.883 ± 0.035	0.764 ± 0.024*	0.573 ± 0.084**

* Significantly different ($P \leq 0.05$) from the control by Dunn's or Shirley's test

** $P \leq 0.01$

^a Units are presented as mL/cm H₂O; ratio is (dosed group mean/control group mean)×100

TABLE F26
Dynamic Compliance of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	0.546 ± 0.053	0.575 ± 0.043	0.536 ± 0.058
11-Month Interim	0.748 ± 0.041	0.647 ± 0.048	0.687 ± 0.046
18-Month Interim	0.990 ± 0.080	0.741 ± 0.043*	0.685 ± 0.050**
24-Month Interim	0.930 ± 0.173	0.987 ± 0.130	1.173 ± 0.186
Female			
6-Month Interim	0.399 ± 0.029	0.445 ± 0.032	0.380 ± 0.034
11-Month Interim	0.492 ± 0.024	0.426 ± 0.027*	0.393 ± 0.020**
18-Month Interim	0.618 ± 0.053	0.527 ± 0.027	0.372 ± 0.025**
24-Month Interim	0.650 ± 0.065	0.618 ± 0.045	0.377 ± 0.077*

* Significantly different ($P \leq 0.05$) from the control by Dunn's or Shirley's test

** $P \leq 0.01$

^a Units are presented as mL/cm H₂O; ratio is (dosed group mean/control group mean)×100

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F-20

Talc, NTP TR 421

TABLE F27
Peak Expiratory Flow of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	139.9 ± 1.9	138.7 ± 2.8	132.5 ± 4.0
11-Month Interim	136.6 ± 1.4	133.5 ± 4.5	132.9 ± 2.0
18-Month Interim	132.2 ± 1.2	132.3 ± 0.7	129.5 ± 0.6**
24-Month Interim	126.1 ± 2.7	124.5 ± 1.9	124.0 ± 1.0
Female			
6-Month Interim	120.1 ± 8.7	122.3 ± 6.6	113.5 ± 5.7
11-Month Interim	125.3 ± 4.3	123.9 ± 4.9	123.2 ± 2.1
18-Month Interim	120.6 ± 3.0	113.2 ± 2.3	114.3 ± 2.5
24-Month Interim	117.1 ± 2.5	116.7 ± 3.4	110.1 ± 4.7

** Significantly different (P≤0.01) from the control by Dunn's or Shirley's test

^a Units are presented as mL/second; ratio is (dosed group mean/control group mean)×100TABLE F28
Peak Expiratory Flow/Forced Vital Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	7.85 ± 0.18	8.12 ± 0.22	7.63 ± 0.16
11-Month Interim	7.21 ± 0.18	7.44 ± 0.33	7.74 ± 0.20
18-Month Interim	6.82 ± 0.15	7.40 ± 0.14*	8.57 ± 0.29**
24-Month Interim	7.31 ± 0.14	7.13 ± 0.21	8.40 ± 0.52
Female			
6-Month Interim	9.56 ± 0.62	9.82 ± 0.35	10.08 ± 0.47
11-Month Interim	9.73 ± 0.22	9.95 ± 0.31	11.01 ± 0.23**
18-Month Interim	9.02 ± 0.20	9.57 ± 0.37	11.21 ± 0.32**
24-Month Interim	8.96 ± 0.22	9.47 ± 0.19	11.16 ± 1.13**

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL/second/mL; ratio is (dosed group mean/control group mean)×100

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Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-21

TABLE F29
Expiratory Flow 10% Forced Vital Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	28.22 ± 2.04	24.20 ± 1.77	19.60 ± 2.67*
11-Month Interim	26.33 ± 1.82	20.80 ± 1.14*	21.60 ± 1.50
18-Month Interim	19.00 ± 1.87	18.00 ± 1.61	20.70 ± 1.17
24-Month Interim	11.33 ± 1.20	18.67 ± 1.50	18.33 ± 1.76
Female			
6-Month Interim	17.40 ± 2.88	18.10 ± 3.10	16.60 ± 2.68
11-Month Interim	19.20 ± 2.36	19.50 ± 1.97	23.30 ± 2.29
18-Month Interim	19.67 ± 1.62	19.00 ± 1.45	21.78 ± 0.66
24-Month Interim	12.67 ± 1.65	18.44 ± 1.51*	17.00 ± 2.52

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

* Units are presented as mL/second; ratio is (dosed group mean/control group mean)×100

TABLE F30
Expiratory Flow 10% Forced Vital Capacity/Forced Vital Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	1.58 ± 0.11	1.41 ± 0.09	1.13 ± 0.16*
11-Month Interim	1.39 ± 0.10	1.16 ± 0.08	1.27 ± 0.11
18-Month Interim	0.986 ± 0.106	1.002 ± 0.085	1.372 ± 0.085*
24-Month Interim	0.661 ± 0.085	1.057 ± 0.065*	1.256 ± 0.188*
Female			
6-Month Interim	1.37 ± 0.21	1.43 ± 0.23	1.45 ± 0.22
11-Month Interim	1.47 ± 0.17	1.55 ± 0.14	2.07 ± 0.19**
18-Month Interim	1.47 ± 0.13	1.62 ± 0.15	2.14 ± 0.09**
24-Month Interim	0.959 ± 0.109	1.488 ± 0.102*	1.693 ± 0.170*

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

* Units are presented as mL/second/mL; ratio is (dosed group mean/control group mean)×100

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F-22

Talc, NTP TR 421

TABLE F31
Expiratory Flow 25% Forced Vital Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	63.56 ± 3.30	55.00 ± 5.57	44.30 ± 6.59*
11-Month Interim	62.00 ± 2.89	60.40 ± 3.46	59.30 ± 3.36
18-Month Interim	50.50 ± 2.57	54.20 ± 2.45	62.20 ± 2.80**
24-Month Interim	47.00 ± 2.89	51.33 ± 3.97	60.00 ± 3.79
Female			
6-Month Interim	44.30 ± 7.73	41.20 ± 7.14	35.60 ± 5.59
11-Month Interim	50.40 ± 5.68	43.00 ± 5.69	54.60 ± 4.01
18-Month Interim	52.33 ± 4.57	42.56 ± 4.76	49.00 ± 3.67
24-Month Interim	40.67 ± 3.80	49.33 ± 6.17	46.00 ± 12.49

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL/second; ratio is (dosed group mean/control group mean)×100

TABLE F32
Expiratory Flow 25% Forced Vital Capacity/Forced Vital Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	3.56 ± 0.19	3.21 ± 0.31	2.54 ± 0.37
11-Month Interim	3.26 ± 0.14	3.35 ± 0.20	3.47 ± 0.24
18-Month Interim	2.61 ± 0.15	3.03 ± 0.14*	4.14 ± 0.27**
24-Month Interim	2.72 ± 0.07	2.92 ± 0.20	4.06 ± 0.35*
Female			
6-Month Interim	3.50 ± 0.59	3.25 ± 0.53	3.10 ± 0.43
11-Month Interim	3.88 ± 0.42	3.43 ± 0.44	4.88 ± 0.37
18-Month Interim	3.91 ± 0.34	3.60 ± 0.44	4.75 ± 0.27
24-Month Interim	3.10 ± 0.24	3.95 ± 0.44	4.66 ± 1.28

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL/second/mL; ratio is (dosed group mean/control group mean)×100

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Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-23

TABLE F33
Expiratory Flow 50% Forced Vital Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	111.33 ± 7.11	94.00 ± 7.61	78.70 ± 10.05*
11-Month Interim	111.7 ± 4.4	100.1 ± 7.1	102.1 ± 6.2
18-Month Interim	98.75 ± 6.00	97.10 ± 3.59	107.70 ± 5.25
24-Month Interim	99.33 ± 10.17	92.33 ± 4.47	94.67 ± 9.02
Female			
6-Month Interim	75.30 ± 11.98	73.90 ± 10.54	66.00 ± 8.52
11-Month Interim	85.50 ± 8.87	78.00 ± 10.09	94.10 ± 5.57
18-Month Interim	93.00 ± 8.40	76.11 ± 9.60	87.67 ± 6.91
24-Month Interim	86.50 ± 7.12	85.89 ± 10.40	83.67 ± 23.90

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

^a Units are presented as mL/second; ratio is (dosed group mean/control group mean)×100TABLE F34
Expiratory Flow 50% Forced Vital Capacity/Forced Vital Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	6.23 ± 0.39	5.50 ± 0.47	4.49 ± 0.55*
11-Month Interim	5.86 ± 0.18	5.55 ± 0.40	5.95 ± 0.40
18-Month Interim	5.08 ± 0.30	5.43 ± 0.21	7.18 ± 0.50**
24-Month Interim	5.73 ± 0.44	5.30 ± 0.36	6.38 ± 0.62
Female			
6-Month Interim	5.95 ± 0.90	5.85 ± 0.77	5.79 ± 0.67
11-Month Interim	6.58 ± 0.62	6.21 ± 0.77	8.39 ± 0.48*
18-Month Interim	6.92 ± 0.59	6.48 ± 0.90	8.49 ± 0.54
24-Month Interim	6.63 ± 0.55	6.88 ± 0.77	8.50 ± 2.50

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL/second/mL; ratio is (dosed group mean/control group mean)×100

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F-24

Talc, NTP TR 421

TABLE F35
Mean Midexpiratory Flow of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	101.90 ± 5.20	89.30 ± 7.34	74.27 ± 9.38*
11-Month Interim	102.52 ± 3.54	94.92 ± 6.02	94.11 ± 4.51
18-Month Interim	93.12 ± 3.99	91.41 ± 2.81	98.44 ± 3.67
24-Month Interim	87.13 ± 6.27	87.78 ± 3.74	90.33 ± 7.07
Female			
6-Month Interim	71.07 ± 12.01	70.72 ± 10.66	60.65 ± 7.99
11-Month Interim	81.38 ± 7.94	73.24 ± 9.19	87.91 ± 5.04
18-Month Interim	85.98 ± 6.80	69.51 ± 7.53	81.79 ± 5.58
24-Month Interim	78.28 ± 5.27	79.94 ± 9.44	75.13 ± 19.66

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

^a Units are presented as mL/second; ratio is (dosed group mean/control group mean)×100TABLE F36
Mean Midexpiratory Flow/Forced Vital Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	5.71 ± 0.30	5.23 ± 0.44	4.24 ± 0.51
11-Month Interim	5.39 ± 0.16	5.27 ± 0.35	5.49 ± 0.32
18-Month Interim	4.78 ± 0.13	5.11 ± 0.18	6.55 ± 0.39**
24-Month Interim	5.04 ± 0.24	5.03 ± 0.29	6.10 ± 0.56
Female			
6-Month Interim	5.62 ± 0.91	5.59 ± 0.78	5.31 ± 0.62
11-Month Interim	6.27 ± 0.56	5.83 ± 0.70	7.85 ± 0.45*
18-Month Interim	6.41 ± 0.48	5.90 ± 0.72	7.94 ± 0.41
24-Month Interim	5.99 ± 0.39	6.40 ± 0.69	7.65 ± 2.13

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL/second/mL; ratio is (dosed group mean/control group mean)×100

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Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-25

TABLE F37
Carbon Monoxide Diffusing Capacity of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	0.364 ± 0.014	0.347 ± 0.008	0.336 ± 0.010
11-Month Interim	0.400 ± 0.010	0.373 ± 0.010	0.331 ± 0.020**
18-Month Interim	0.338 ± 0.022	0.301 ± 0.015	0.235 ± 0.009**
24-Month Interim	0.303 ± 0.027	0.288 ± 0.011	0.177 ± 0.035*
Female			
6-Month Interim	0.238 ± 0.012	0.241 ± 0.008	0.213 ± 0.010
11-Month Interim	0.233 ± 0.008	0.231 ± 0.005	0.190 ± 0.003**
18-Month Interim	0.233 ± 0.010	0.207 ± 0.009	0.137 ± 0.011**
24-Month Interim	0.198 ± 0.007	0.183 ± 0.006	0.113 ± 0.017**

* Significantly different ($P \leq 0.05$) from the control by Dunn's or Shirley's test

** $P \leq 0.01$

^a Units are presented as mL/minute/mm Hg; ratio is (dosed group mean/control group mean)×100

TABLE F38
Carbon Monoxide Diffusing Capacity/Lung Volume of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	0.020 ± 0.001	0.020 ± 0.000	0.019 ± 0.000
11-Month Interim	0.021 ± 0.000	0.021 ± 0.001	0.019 ± 0.001*
18-Month Interim	0.017 ± 0.001	0.025 ± 0.008	0.014 ± 0.001*
24-Month Interim	0.015 ± 0.002	0.015 ± 0.001	0.010 ± 0.002*
Female			
6-Month Interim	0.019 ± 0.001	0.019 ± 0.001	0.017 ± 0.001
11-Month Interim	0.018 ± 0.001	0.019 ± 0.000	0.017 ± 0.000*
18-Month Interim	0.017 ± 0.001	0.016 ± 0.001	0.012 ± 0.001**
24-Month Interim	0.013 ± 0.001	0.013 ± 0.001	0.009 ± 0.001

* Significantly different ($P \leq 0.05$) from the control by Dunn's or Shirley's test

** $P \leq 0.01$

^a Ratio is (dosed group mean/control group mean)×100

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F-26

Talc, NTP TR 421

TABLE F39
Carbon Monoxide Diffusing Capacity/Kilogram Body Weight of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	0.949 ± 0.039	0.917 ± 0.017	0.914 ± 0.026
11-Month Interim	0.951 ± 0.021	0.892 ± 0.021	0.821 ± 0.043**
18-Month Interim	0.759 ± 0.043	0.683 ± 0.029	0.554 ± 0.016**
24-Month Interim	0.749 ± 0.056	0.691 ± 0.025	0.465 ± 0.062*
Female			
6-Month Interim	1.13 ± 0.05	1.11 ± 0.04	1.01 ± 0.04
11-Month Interim	0.968 ± 0.045	0.939 ± 0.033	0.792 ± 0.019**
18-Month Interim	0.766 ± 0.034	0.705 ± 0.028	0.502 ± 0.028**
24-Month Interim	0.656 ± 0.031	0.650 ± 0.027	0.435 ± 0.036*

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mL/minute/mm Hg/kg; ratio is (dosed group mean/control group mean)×100

TABLE F40
Percent Forced Vital Capacity Expired in 0.1 Second of Rats^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	61.11 ± 1.52	59.80 ± 2.15	53.90 ± 2.64
11-Month Interim	58.22 ± 0.98	57.40 ± 2.74	60.30 ± 1.63
18-Month Interim	55.00 ± 0.63	58.30 ± 0.90*	66.50 ± 2.13**
24-Month Interim	58.67 ± 1.20	57.00 ± 1.71	64.00 ± 2.89
Female			
6-Month Interim	62.80 ± 5.17	64.20 ± 3.82	63.40 ± 3.86
11-Month Interim	67.00 ± 2.82	65.20 ± 3.61	75.50 ± 1.78*
18-Month Interim	66.44 ± 2.60	64.56 ± 3.57	75.78 ± 1.56*
24-Month Interim	65.83 ± 2.09	66.78 ± 3.31	73.00 ± 9.17

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as percent forced vital capacity; ratio is (dosed group mean/control group mean)×100

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Lung Burden, Pulmonary Function, and Lung Biochemistry in Rats

F-27

TABLE F41
Slope III of N₂ Washout of Rats¹

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
6-Month Interim	0.400 ± 0.023	0.431 ± 0.037	0.481 ± 0.049
11-Month Interim	0.449 ± 0.019	0.446 ± 0.037	0.437 ± 0.040
18-Month Interim	0.393 ± 0.037	0.361 ± 0.035	0.555 ± 0.041*
24-Month Interim	0.627 ± 0.077	0.438 ± 0.045	0.597 ± 0.083
Female			
6-Month Interim	0.587 ± 0.059	0.528 ± 0.049	0.596 ± 0.042
11-Month Interim	0.704 ± 0.027	0.735 ± 0.029	0.813 ± 0.076
18-Month Interim	0.601 ± 0.053	0.699 ± 0.074	1.008 ± 0.087**
24-Month Interim	0.535 ± 0.040	0.580 ± 0.071	1.520 ± 0.409*

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

¹ Units are presented as percent N₂/mL; ratio is (dosed group mean/control group mean)×100

Board Draft

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F-28

Talc, NTP TR 421

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Board Draft

G-1

APPENDIX G

LUNG BURDEN AND LUNG BIOCHEMISTRY IN MICE

METHODS	G-2
TABLE G1 Number of Mice Evaluated for Lung Talc Burden and Lung Biochemistry	G-5
TABLE G2 Lung Talc Burden (Normalized to Control Lung Weight) of Mice	G-6
TABLE G3 Lung Talc Burden (Normalized to Exposure Concentration) of Mice	G-6
TABLE G4 Bronchoalveolar Lavage Fluid Enzymes of Mice at the 6-Month Interim Evaluation	G-7
TABLE G5 Bronchoalveolar Lavage Fluid Enzymes of Mice at the 12-Month Interim Evaluation	G-7
TABLE G6 Bronchoalveolar Lavage Fluid Enzymes of Mice at the 18-Month Interim Evaluation	G-8
TABLE G7 Bronchoalveolar Lavage Fluid Enzymes of Mice at the 24-Month Interim Evaluation	G-8
TABLE G8 Bronchoalveolar Lavage Fluid Cell Populations of Mice at the 6-Month Interim Evaluation	G-9
TABLE G9 Bronchoalveolar Lavage Fluid Cell Populations of Mice at the 12-Month Interim Evaluation	G-9
TABLE G10 Bronchoalveolar Lavage Fluid Cell Populations of Mice at the 18-Month Interim Evaluation	G-10
TABLE G11 Bronchoalveolar Lavage Fluid Cell Populations of Mice at the 24-Month Interim Evaluation	G-10
TABLE G12 Phagocytic Activity of Macrophages in Bronchoalveolar Fluid of Mice at the 12-Month Interim Evaluation	G-11
TABLE G13 Phagocytic Activity of Macrophages in Bronchoalveolar Fluid of Mice at the 18-Month Interim Evaluation	G-11
TABLE G14 Viability and Phagocytic Activity of Macrophages in Bronchoalveolar Fluid of Mice at the 24-Month Interim Evaluation	G-12
TABLE G15 Measurements of Lung Collagen in Mice at the 6-Month Interim Evaluation	G-13
TABLE G16 Measurements of Lung Collagen in Mice at the 12-Month Interim Evaluation	G-13
TABLE G17 Measurements of Lung Collagen in Mice at the 18-Month Interim Evaluation	G-13
TABLE G18 Lung Collagen Metabolism and Protein Synthesis in Mice at the 24-Month Interim Evaluation	G-14
TABLE G19 Proteinase Activity in Lavage Fluid and Lung Homogenate Supernatant Fluid of Mice at the 6-Month Interim Evaluation	G-15
TABLE G20 Proteinase Activity in Lavage Fluid and Lung Homogenate Supernatant Fluid of Mice at the 12-Month Interim Evaluation	G-16
TABLE G21 Proteinase Activity in Lavage Fluid and Lung Homogenate Supernatant Fluid of Mice at the 18-Month Interim Evaluation	G-17
TABLE G22 Proteinase Activity in Lavage Fluid and Lung Homogenate Supernatant Fluid of Mice at the 24-Month Interim Evaluation	G-18

Board Draft

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G-2

Talc, NTP TR 421

METHODS

Lung Burden

Lung talc burden was measured to determine the relationship between the exposure concentration and the amount of talc deposited and retained within the pulmonary region of the respiratory tract. The method used for determination of talc in the lungs of rats and mice has been published (Hanson *et al.*, 1985). Lung burdens of talc were determined on the left lung of 4 male and 4 female mice from each exposure group sacrificed at 27, 52, and 79 weeks after the start of exposure. At 103 to 104 weeks, lung burdens were determined on the left lungs of two mice from the biochemistry group. The analysis was based on determination of acid insoluble magnesium in the lung. MRI reported that the value for the magnesium was 19.33% for batch 02, and 19.47% for batch 03. The values reported by MRI and the results of the analysis at LITRI were close to the theoretical value of magnesium for talc (19.22%). Since mice sacrificed at 27, 52, and 79 weeks had been exposed to only batch 02 of talc, 19.33% magnesium was used to calculate quantity of talc for these mice. Since batch 03 was used for the last 4 months of exposure, and lung burdens of mice after 103 to 104 weeks of exposure talc would be expected to contain substantial amounts of batch 03 talc, 19.47% magnesium was used to calculate quantity of talc in lungs for these mice.

All operations in conjunction with the tissue analysis for talc were done with talc-free gloves. Left lung lobes were weighed at necropsy and stored frozen (-20° C) until used. Lungs were homogenized using water and the proteins precipitated with 70% perchloric acid. The individual samples were filtered and washed with 5% trichloroacetic acid (TCA) to remove perchlorates. Washing continued until magnesium levels in the wash were within 10% of levels in the TCA solution (≤ 0.03 ppm magnesium). Filters and tissue residues were placed in 15 mL porcelain crucibles, dried slowly (200° C), and then ashed at 600° C for 1 hour. Ashed samples were transferred to Teflon beakers using 2 mL HCl and evaporated to dryness. Samples were digested in hydrofluoric acid (HF), and the HF evaporated. Additional HF was added and reevaporated. Sulfuric acid was added to remove trace HF, and samples were diluted with distilled water and analyzed for magnesium by atomic absorbance (Perkin Elmer, Model 306, Atomic Absorption Spectrophotometer) with a magnesium hollow cathode lamp and an air acetylene flame (Hanson *et al.*, 1985).

Lung Biochemistry

In this study, bronchoalveolar lavage (BAL) fluid enzyme activity and cell numbers were measured as biochemical and cytological indicators of pulmonary injury from inhalation of talc. Four mice of each sex from each exposure group were sacrificed at 27, 52, and 79 weeks, and all remaining lung toxicology mice were sacrificed at 103 to 104 weeks. Numbers of animals at each sacrifice are shown below.

Mice were anesthetized with halothane and sacrificed by exsanguination from the abdominal aorta or renal artery. The heart and lung block were removed. Mice were given endobronchial saline lavage (3 to 4 mL total volume in four, 0.75 to 1.0 mL washes) and the BAL fluid centrifuged at $300 \times G$ to separate the cells from the supernatant fluid.

At all sacrifices, biochemical analyses were done on lavage fluid from single mice. At the 103 to 104 week terminal sacrifice where lung burden measurements were also performed on the left lung lobes, mouse lavage fluids were paired (from 2 mice) to obtain sufficient cells for the analyses and paired mouse lung tissue samples (from 2 mice) were analyzed to obtain sufficient lung tissue for collagen analyses.

Airway Fluid Enzymes and Cytology

In this study, BAL fluid was analyzed to determine degree of:

- 1) Cell injury as indicated by quantities of BAL fluid lactate dehydrogenase (LDH).
- 2) Chronic inflammatory response as indicated by presence of increased numbers of polymorphonuclear leukocytes (PMN) and pulmonary alveolar macrophages (AM) as well as increased BAL fluid protein and alkaline phosphatase activity.

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Lung Burden and Lung Biochemistry of Mice

G-3

- 3) Lysosomal activation as indicated by quantities of BAL fluid β -glucuronidase and acid proteinase. Elevated quantities of these enzymes have been observed in BAL fluid from rodents exposed to particulates. These enzymes may be associated with the breakdown of necrotic tissues.
- 4) Response to oxidant injury as indicated by increased quantities of glutathione reductase and peroxidase activity.

The supernatant fluid was analyzed for the activities of β -glucuronidase, LDH, glucose-6-phosphate dehydrogenase, alkaline phosphatase, glutathione reductase, and glutathione peroxidase by spectrophotometric, kinetic, and enzymatic techniques. Acid proteinase was measured by release of radiolabeled globin from the trichloroacetic acid precipitable protein substrate, and total protein was analyzed colorimetrically (Henderson *et al.*, 1985). β -Glucuronidase was not performed at 27-week interim evaluation, but was performed at all other sacrifice times.

Numbers of total nucleated cells recovered in lavage fluid were determined on each sample using a cell counter (Coulter Electronics, Hialeah, FL) or a hemocytometer. Cytocentrifuge preparations of resuspended cells were made, stained with Wright's stain (Diff-Quik, Curtin Matheson Scientific, Denver, CO) and differential cell counts were determined. At the 27, 52, and 79 week interim sacrifices, analyses were done on individual mice.

Alveolar macrophages (AM) were recovered from BAL fluid of the same mice as described above. Cells (0.5×10^6) in Roswell Park Memorial Institute (RPMI) culture medium were pelleted by centrifugation and the supernatant RPMI removed. Cells were resuspended in 1 mL of a 1% suspension of IgG antibody-sensitized sheep red blood cells (SRBC) in RPMI 1640. The antibody sensitized SRBC were made as previously described (Harmsen and Jeska, 1980). The subagglutinating titer of heat-inactivated rabbit anti-SRBC serum was used to sensitize the SRBC. The AM and SRBC suspensions were incubated at 37° C for 1 hour in a humidified atmosphere of 5% CO₂ in air. The AM and SRBC were sedimented by centrifugation and the supernatant discarded. Unphagocytized SRBC were removed by lysing the RBC with water for 30 seconds. The lysing of unphagocytized SRBC was stopped by the addition of an equal volume of saline and cytocentrifuge preparations were made. The slides were stained with a rapid Wright's stain (Diff-Quik, American Scientific Products, McGaw Park, IL) and the number of AM phagocytizing 0, 1, 2, 3 to 4, and > 4 SRBC was determined by light microscopy. Three fields of 100 cells per preparation were counted. Viability of macrophages was not determined at the 27, 52, and 79 week sacrifices because the small number of cells recovered from these mice lungs precluded the measurement of cell viability. Viability determination of macrophages was made on macrophages obtained at the final sacrifice because sufficient numbers of cells were generally available at this time.

Lung Tissue Collagen and Proteinase

At 27-, 52-, and 79-week sacrifices, collagen content of lungs and lavage fluid was measured. At the 103 to 104 week sacrifice, additional collagen metabolism and protein synthesis measurements were made on survivors from each group. Proteinase activities were measured at all sacrifice times.

The supernatant BAL fluid was analyzed for hydroxyproline and acid proteinase. Lung tissue and bronchoalveolar lavage (BAL) fluid samples were hydrolyzed with 6N HCl at 110° C for approximately 18 hours to convert proteins to their individual amino acids. Collagen quantity was measured and multiplied by 7.46 to convert BAL or lung tissue hydroxyproline content to BAL or lung tissue collagen content, taking into account that collagen is approximately 13% hydroxyproline by weight (Neuman and Logan, 1950).

Additional collagen metabolism measurements were made on the mice sacrificed after 103 to 104 weeks of talc exposure to further define collagen metabolism. Approximately 2 to 3 hours prior to sacrifice, ¹⁴C-proline (0.1 μ Ci/g body weight) was injected intraperitoneally to estimate collagen and protein synthesis. Radioactive proline and hydroxyproline were quantitated in lung hydrolysate. Following this,

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G-4

Talc, NTP TR 421

the radioactive proline and hydroxyproline quantities were used to calculate the noncollagenous protein synthesis, and the collagen production.

Noncollagenous protein synthesis was indicated as total ^{14}C -proline incorporation into lung tissue minus the incorporation into lung tissue which was related to collagen synthesis. The radioactive proline in collagen was assumed to be equal to the radioactive hydroxyproline, thus, incorporation into collagen was calculated as twice the radioactive hydroxyproline. Collagen production (% of newly synthesized protein that was collagen) was calculated as the percent incorporation of proline into collagen constituted of the total incorporation of proline into all proteins, and adjusted for the 5.4-fold difference in the content of total amino acids (proline and hydroxyproline) between collagen and noncollagenous protein (Pickrell *et al.*, 1987).

At each sacrifice time, lung tissue proteinase activity was measured as the release of ^{14}C -leucine from prelabeled globin at pH 4.2 and 7.5 (Gregory and Pickrell, 1982; Harkema *et al.*, 1984; Pickrell *et al.*, 1987). Acid proteinase activity was inhibited by leupeptin to indicate either cathepsin B (inhibited) or cathepsin D (not inhibited)-like activity. Neutral proteinase activity was inhibited by 1, 10-phenanthroline to indicate either macrophage elastase (inhibited) or neutrophil elastase-cathepsin G (not inhibited)-like activity.

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Lung Burden and Lung Biochemistry of Mice

G-5

TABLE G1
Number of Mice Evaluated for Lung Talc Burden and Lung Biochemistry

	Male			Female		
	0 mg/m ³	6 mg/m ³	18 mg/m ³	0 mg/m ³	6 mg/m ³	18 mg/m ³
Lung Burden						
6-Month Interim	- ^a	2	4	-	4	4
12-Month Interim	-	4	4	-	4	4
18-Month Interim	-	2	1	-	4	3
24-Month Interim	-	8	6	-	6	5
Lung Biochemistry						
6-Month Interim	4	4	4	4	4	4
12-Month Interim	4	4	4	4	4	4
18-Month Interim	4	4	4	4	4	4
24-Month Interim	9	8	6	7	6	5

^a Lung burden not measured in 0 mg/m³ mice

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G-6

Talc, NTP TR 421

TABLE G2
Lung Talc Burden (Normalized to Control Lung Weight) of Mice^a

	6 months	12 months	18 months	24 months
Male				
0 mg/m ³	- ^b	-	-	-
6 mg/m ³	0.415 ± 0.114	1.084 ± 0.130	0.426 ± 0.040	2.973 ± 0.762
18 mg/m ³	1.41 ± 0.29	9.00 ± 1.45	8.36	19.73 ± 4.03
Female				
0 mg/m ³	-	-	-	-
6 mg/m ³	0.524 ± 0.056	0.707 ± 0.170	1.387 ± 0.178	2.667 ± 0.720
18 mg/m ³	1.35 ± 0.24	6.17 ± 1.39	7.83 ± 1.36	20.05 ± 0.98

^a Units are presented as mg talc/g control lung.

^b Not examined

TABLE G3
Lung Talc Burden (Normalized to Exposure Concentration) of Mice^a

	Male		Female	
	6 mg/m ³	18 mg/m ³	6 mg/m ³	18 mg/m ³
6-Month Interim	0.069 ± 0.019	0.078 ± 0.016	0.087 ± 0.009	0.075 ± 0.013
12-Month Interim	0.181 ± 0.022	0.500 ± 0.081 ^a	0.118 ± 0.028	0.343 ± 0.077 ^a
18-Month Interim	0.071 ± 0.007	0.464 ^b	0.231 ± 0.030	0.435 ± 0.075
24-Month Interim	0.496 ± 0.127	1.096 ± 0.224 ^a	0.445 ± 0.120	1.114 ± 0.055 ^a

^a Significantly different (P≤0.05) from the control group by Dunn's or Shirley's test

^a Units are presented as mg talc/g control lung/mg/m³

^b n=1; no statistic calculated

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Lung Burden and Lung Biochemistry of Mice

G-7

TABLE G4
Bronchoalveolar Lavage Fluid Enzymes of Mice at the 6-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lactate dehydrogenase ^a	1,408 ± 658	1,317 ± 106	2,107 ± 336
Glutathione reductase	148.4 ± 33.8	123.3 ± 28.3	227.2 ± 65.6
Total protein ^b	3.57 ± 0.89	1.92 ± 0.70	6.24 ± 1.23
Female			
Lactate dehydrogenase	1,988 ± 157	2,351 ± 180	1,400 ± 197
Glutathione reductase	206.8 ± 14.7	166.0 ± 21.3	148.5 ± 29.4
Total protein	2.55 ± 0.53	4.43 ± 0.34	6.89 ± 4.29

^a Units are presented as mIU/g control lung.

^b Units are presented as mg/g controls lung.

TABLE G5
Bronchoalveolar Lavage Fluid Enzymes of Mice at the 12-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
β-Glucuronidase ^a	0.188 ± 0.114	0.486 ± 0.346	12.787 ± 3.604*
Lactate dehydrogenase	1,107.6 ± 545	540.2 ± 59.0	1,487.1 ± 456
Glutathione reductase	89.50 ± 11.65	91.67 ± 6.60	302.40 ± 65.15*
Total protein ^b	2.21 ± 0.74	1.56 ± 0.33	6.19 ± 2.63
Female			
β-Glucuronidase	0.073 ± 0.073	0.413 ± 0.251	9.786 ± 2.271**
Lactate dehydrogenase	1,209.7 ± 305	447.5 ± 76.1	1,805.3 ± 285
Glutathione reductase	113.57 ± 19.78	97.93 ± 14.93	198.65 ± 23.44
Total protein	3.54 ± 1.27	3.61 ± 1.38	4.82 ± 2.88

* Significantly different (P≤0.05) from the control group by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mIU/g control lung.

^b Units are presented as mg/g control lung.

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G-8

Talc, NTP TR 421

TABLE G6
Bronchoalveolar Lavage Fluid Enzymes of Mice at the 18-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
β -Glucuronidase ^a	0.000 \pm 0.000	1.344 \pm 1.267	9.937 \pm 4.196**
Lactate dehydrogenase	434.0 \pm 45.7	642.4 \pm 119	1,039.9 \pm 168**
Glutathione reductase	63.93 \pm 14.16	106.38 \pm 12.15	217.18 \pm 45.29*
Total protein ^b	3.43 \pm 0.62	6.23 \pm 0.97*	9.45 \pm 1.95**
Female			
β -Glucuronidase	4.243 \pm 4.203	0.334 \pm 0.334	19.064 \pm 9.200
Lactate dehydrogenase	501.4 \pm 46.9	404.2 \pm 97.6	1,217.6 \pm 255*
Glutathione reductase	73.19 \pm 14.94	71.27 \pm 12.11	240.55 \pm 44.06*
Total protein	2.96 \pm 0.40	3.41 \pm 0.92	9.59 \pm 1.23*

* Significantly different ($P \leq 0.05$) from the control group by Dunn's or Shirley's test** $P \leq 0.01$ ^a Units are presented as mIU/g control lung.^b Units are presented as mg/g control lung.**TABLE G7**
Bronchoalveolar Lavage Fluid Enzymes of Mice at the 24-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
β -Glucuronidase ^a	0.000 \pm 0.000	1.811 \pm 0.878**	16.571 \pm 3.932**
Lactate dehydrogenase	1,769 \pm 259	1,439 \pm 295	2,965 \pm 131*
Glutathione reductase	73.66 \pm 9.75	87.55 \pm 25.16	229.53 \pm 58.46*
Total protein ^b	1.69 \pm 0.20	2.34 \pm 0.22	4.68 \pm 0.70**
Female			
β -Glucuronidase	0.000 \pm 0.000	2.624 \pm 1.176**	13.778 \pm 2.640**
Lactate dehydrogenase	1,082 \pm 155	1,596 \pm 197*	2,026 \pm 279**
Glutathione reductase	68.66 \pm 7.42	73.37 \pm 13.91	163.46 \pm 33.43*
Total protein	1.111 \pm 0.310	0.872 \pm 0.261	2.228 \pm 0.501

* Significantly different ($P \leq 0.05$) from the control group by Dunn's or Shirley's test** $P \leq 0.01$ ^a Units are presented as mIU/g control lung.^b Units are presented as mg/g control lung.

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Lung Burden and Lung Biochemistry of Mice

G-9

TABLE G8
Bronchoalveolar Lavage Fluid Cell Populations of Mice at the 6-Month Interim Evaluation^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Polymorphonucleated cells	0.250 ± 0.250	3.250 ± 1.250	12.000 ± 3.764**
Lymphocytes	0.750 ± 0.750	0.750 ± 0.479	0.000 ± 0.000
Macrophages	92.50 ± 3.23	95.75 ± 1.44	84.75 ± 2.95
Epithelial cells	6.500 ± 3.775	0.250 ± 0.250	3.250 ± 1.250
Female			
Polymorphonuclear cells	0.000 ± 0.000	1.250 ± 0.629*	1.750 ± 0.854**
Lymphocytes	0.000 ± 0.000	1.000 ± 1.000	0.000 ± 0.000
Macrophages	95.00 ± 2.16	94.75 ± 1.44	96.00 ± 1.22
Epithelial cells	5.00 ± 2.16	3.00 ± 1.73	2.25 ± 1.31

* Significantly different (P≤0.05) from the control group by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as percent of total cells.**TABLE G9**
Bronchoalveolar Lavage Fluid Cell Populations of Mice at the 12-Month Interim Evaluation^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Polymorphonuclear cells	26.75 ± 15.12	7.50 ± 5.85	15.00 ± 14.01
Lymphocytes	0.750 ± 0.250	2.250 ± 1.436	0.333 ± 0.333
Macrophages	70.50 ± 14.56	83.25 ± 6.91	73.33 ± 12.14
Epithelial cells	2.00 ± 1.41	7.00 ± 2.12	11.33 ± 7.36
Female			
Polymorphonuclear cells	1.33 ± 1.33	34.50 ± 10.27*	2.25 ± 0.85
Lymphocytes	1.000 ± 0.577	3.500 ± 1.500	0.000 ± 0.000
Macrophages	92.67 ± 0.33	58.25 ± 11.65	91.00 ± 2.04
Epithelial cells	5.00 ± 1.53	3.75 ± 1.75	6.75 ± 2.84

* Significantly different (P≤0.05) from the control group by Dunn's or Shirley's test

^a Units are presented as percent of total cells.

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G-10

Talc, NTP TR 421

TABLE G10
Bronchoalveolar Lavage Fluid Cell Populations of Mice at the 18-Month Interim Evaluation^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Polymorphonuclear cells	0.250 ± 0.250	8.750 ± 4.404	19.000 ± 6.258*
Lymphocytes	0.000 ± 0.000	0.500 ± 0.500	1.000 ± 0.577
Macrophages	89.00 ± 1.22	82.75 ± 5.81	75.75 ± 4.73
Epithelial cells	10.75 ± 1.44	8.00 ± 4.74	4.25 ± 2.39
Female			
Polymorphonuclear cells	0.250 ± 0.250	1.000 ± 0.577	16.000 ± 3.606*
Lymphocytes	0.000 ± 0.000	0.000 ± 0.000	1.333 ± 0.882*
Macrophages	84.50 ± 5.52	92.67 ± 0.88	79.00 ± 3.06
Epithelial cells	15.25 ± 5.54	6.33 ± 0.88	3.67 ± 2.33

- * Significantly different ($P \leq 0.05$) from the control group by Dunn's or Shirley's test
^a Units are presented as percent of total cells.

TABLE G11
Bronchoalveolar Lavage Fluid Cell Populations of Mice at the 24-Month Interim Evaluation^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Polymorphonuclear cells	0.200 ± 0.200	13.000 ± 2.345*	16.500 ± 1.803**
Lymphocytes	0.000 ± 0.000	0.375 ± 0.239	0.500 ± 0.289
Macrophages	89.10 ± 2.50	78.25 ± 1.61*	80.33 ± 0.60*
Epithelial cells	10.70 ± 2.61	8.38 ± 1.01	2.67 ± 1.59
Female			
Polymorphonuclear cells	0.000 ± 0.000	7.500 ± 1.607*	20.667 ± 5.918**
Lymphocytes	0.000 ± 0.000	0.500 ± 0.500	0.500 ± 0.500
Macrophages	86.38 ± 3.57	87.00 ± 2.08	73.67 ± 8.46
Epithelial cells	13.63 ± 3.57	5.00 ± 1.00	5.17 ± 3.03

- * Significantly different ($P \leq 0.05$) from the control group by Dunn's or Shirley's test
** $P \leq 0.01$
^a Units are presented as percent of total cells.

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Lung Burden and Lung Biochemistry of Mice

G-11

TABLE G12
Phagocytic Activity of Macrophages in Bronchoalveolar Fluid of Mice
at the 12-Month Interim Evaluation^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Phagocytic Activity	85.50 ± 1.44	56.10 ± 2.23*	16.77 ± 2.98**
Female			
Phagocytic Activity	77.07 ± 9.88	52.10 ± 9.22	17.37 ± 6.17**

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as percent cells phagocytizing sheep erythrocytes.

TABLE G13
Phagocytic Activity of Macrophages in Bronchoalveolar Fluid of Mice
at the 18-Month Interim Evaluation^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Phagocytic Activity	37.43 ± 8.55	14.10 ± 4.54	11.98 ± 2.22*
Female			
Phagocytic Activity	46.85 ± 11.08	20.03 ± 7.45	6.65 ± 0.35*

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

^a Units are presented as percent cells phagocytizing sheep erythrocytes.

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G-12

Talc, NTP TR 421

TABLE G14
Viability and Phagocytic Activity of Macrophages in Bronchoalveolar Fluid of Mice
at the 24-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Viability ^a	79.20 ± 3.44	64.60 ± 4.15	83.23 ± 0.87
Phagocytic Activity ^b	37.14 ± 9.80	11.90 ± 4.64	3.56 ± 2.25**
Female			
Viability	60.50 ± 8.80	47.17 ± 2.74	59.77 ± 3.21
Phagocytic Activity	21.57 ± 6.77	13.60 ± 4.71	4.35 ± 2.65*

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as percent viable cells.

^b Units are presented as percent cells phagocytizing sheep erythrocytes.

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Lung Burden and Lung Biochemistry of Mice

G-13

TABLE G15
Measurements of Lung Collagen in Mice at the 6-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lavage Fluid Collagenous Peptides ^a	67.13 ± 9.76	24.83 ± 8.18	79.64 ± 18.03
Total Lung Collagen ^b	7.42 ± 0.48	7.51 ± 1.38	12.27 ± 4.53
Female			
Lavage Fluid Collagenous Peptides	42.92 ± 8.49	70.83 ± 9.09	51.17 ± 5.14
Total Lung Collagen	4.69 ± 0.35	5.85 ± 0.89	11.00 ± 3.88

^a Units are presented as µg/g control lung.^b Units are presented as mg/g control lung.

TABLE G16
Measurements of Lung Collagen in Mice at the 12-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lavage Fluid Collagenous Peptides ^a	74.23 ± 9.42	68.73 ± 4.11	117.62 ± 11.87*
Total Lung Collagen ^b	11.94 ± 0.47	12.44 ± 0.82	13.30 ± 1.11
Female			
Lavage Fluid Collagenous Peptides	89.88 ± 12.99	73.66 ± 11.58	108.55 ± 7.56
Total Lung Collagen	11.64 ± 0.48	11.84 ± 0.45	13.78 ± 1.09

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

^a Units are presented as µg/g control lung.^b Units are presented as mg/g control lung.

TABLE G17
Measurements of Lung Collagen in Mice at the 18-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lavage Fluid Collagenous Peptides ^a	42.54 ± 2.15	51.18 ± 5.40	70.67 ± 8.41**
Total Lung Collagen ^b	6.60 ± 0.49	7.13 ± 0.30	9.70 ± 0.70**
Female			
Lavage Fluid Collagenous Peptides	54.09 ± 11.27	37.68 ± 6.01	64.88 ± 6.56
Total Lung Collagen	6.16 ± 0.25	6.96 ± 0.31	7.34 ± 0.43

** Significantly different (P≤0.01) from the control by Dunn's or Shirley's test

^a Units are presented as µg/g control lung.^b Units are presented as mg/g control lung.

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G-14

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TABLE G18
Lung Collagen Metabolism and Protein Synthesis in Mice at the 24-Month Interim Evaluation

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lavage Fluid Collagenous Peptides ^a	54.39 ± 4.42	65.98 ± 5.01	91.92 ± 4.93**
Total Lung Collagen ^b	8.53 ± 0.71	8.55 ± 0.59	13.71 ± 2.81*
Collagen Production ^c	1.133 ± 0.274	0.779 ± 0.151	1.554 ± 0.291
Non-Collagenous Protein Synthesis ^d	18.73 ± 2.85	16.09 ± 1.15	25.64 ± 2.66
Female			
Lavage Fluid Collagenous Peptides	38.09 ± 4.38	39.26 ± 4.01	62.14 ± 9.04*
Total Lung Collagen	6.04 ± 0.27	6.41 ± 0.36	7.91 ± 0.35*
Collagen Production ^c	1.15 ± 0.33	1.65 ± 0.13	1.33 ± 0.12
Non-Collagenous Protein Synthesis ^d	17.05 ± 2.80	15.45 ± 2.26	27.46 ± 1.57

* Significantly different (P≤0.05) from the control by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as µg/g control lung.

^b Units are presented as mg/g control lung.

^c Units are presented as percent new protein.

^d Units are presented as dpm x 10⁻³/g control lung.

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Lung Burden and Lung Biochemistry of Mice

G-15

TABLE G19

Proteinase Activity in Lavage Fluid and Lung Homogenate Supernatant Fluid of Mice at the 6-Month Interim Evaluation^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lavage Fluid			
Acid Proteinase	1.27 ± 0.24	1.65 ± 0.47	2.05 ± 0.23
Cathepsin D	0.078 ± 0.038	0.656 ± 0.321*	0.876 ± 0.107*
Cathepsin B	1.006 ± 0.239	0.992 ± 0.716	0.954 ± 0.010
Homogenate Supernatant Fluid			
Acid Proteinase	5.83 ± 1.07	8.10 ± 0.78	7.45 ± 0.64
Cathepsin D	2.27 ± 0.46	3.30 ± 0.57	- ^b
Cathepsin B	3.56 ± 0.80	4.80 ± 0.58	-
Neutral Proteinase	0.634 ± 0.039	0.360 ± 0.043*	-
PMN Elastase Cathepsin G	0.446 ± 0.014	0.418 ± 0.357	-
Macrophage Elastase Collagenase	0.207 ± 0.058	0.340 ± 0.154	-
Female			
Lavage Fluid			
Acid Proteinase	0.762 ± 0.089	1.595 ± 0.038**	1.346 ± 0.097
Cathepsin D	0.457 ± 0.166	0.998 ± 0.016	0.628 ± 0.113
Cathepsin B	0.260 ± 0.068	0.571 ± 0.063	0.718 ± 0.094*
Homogenate Supernatant Fluid			
Acid Proteinase	4.35 ± 0.31	6.95 ± 0.61*	5.77 ± 0.61
Cathepsin D	1.78 ± 0.12	3.89 ± 1.52*	3.12 ± 0.06*
Cathepsin B	2.57 ± 0.22	3.06 ± 1.01	2.65 ± 0.56
Neutral Proteinase	0.522 ± 0.047	0.535 ± 0.039	0.848 ^c
PMN Elastase Cathepsin G	0.416 ± 0.033	0.347 ± 0.066	-
Macrophage Elastase Collagenase	0.106 ± 0.043	0.188 ± 0.058	-

* Significantly different (P≤0.05) from the control group by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mg/hour/mg control lung.^b n=0; no data recorded^c n=1; no statistic calculated

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G-16

Talc, NTP TR 421

TABLE G20
Proteinase Activity in Lavage Fluid and Lung Homogenate Supernatant Fluid of Mice
at the 12-Month Interim Evaluation^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lavage Fluid			
Acid Proteinase	1.65 ± 0.13	2.11 ± 0.82	3.25 ± 0.28
Cathepsin D	0.403 ± 0.163	0.970 ± 0.244	1.796 ± 0.306**
Cathepsin B	1.25 ± 0.10	1.25 ± 0.78	1.46 ± 0.05
Homogenate Supernatant Fluid			
Acid Proteinase	7.21 ± 0.50	9.35 ± 0.07*	16.50 ± 0.95**
Cathepsin D	5.32 ± 0.27	7.71 ± 0.16*	14.32 ± 1.27**
Cathepsin B	1.89 ± 0.48	1.64 ± 0.10	2.18 ± 0.39
Neutral Proteinase	0.386 ± 0.055	1.029 ± 0.416	1.088 ± 0.271*
PMN Elastase Cathepsin G	0.110 ± 0.110	0.005 ± 0.005	0.209 ± 0.148
Macrophage Elastase Collagenase	0.426 ± 0.159	1.127 ± 0.422	0.879 ± 0.162
Female			
Lavage Fluid			
Acid Proteinase	1.94 ± 0.17	1.79 ± 0.35	3.60 ± 0.33*
Cathepsin D	0.526 ± 0.263	0.463 ^b	1.525 ± 0.266*
Cathepsin B	1.50 ± 0.41	2.14 ^b	2.08 ± 0.08
Homogenate Supernatant Fluid			
Acid Proteinase	7.88 ± 0.24	10.48 ± 0.50*	16.92 ± 1.84**
Cathepsin D	6.40 ± 0.70	8.44 ± 0.51	14.76 ± 1.59**
Cathepsin B	1.55 ± 0.54	2.04 ± 0.22	2.16 ± 0.55
Neutral Proteinase	0.423 ± 0.183	0.601 ± 0.108	0.824 ± 0.057
PMN Elastase Cathepsin G	0.215 ± 0.125	0.213 ± 0.213	0.190 ± 0.124
Macrophage Elastase Collagenase	0.280 ± 0.116	0.446 ± 0.127	0.653 ± 0.158

* Significantly different (P≤0.05) from the control group by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mg/hour/mg control lung.

^b n=1; no statistic calculated

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Lung Burden and Lung Biochemistry of Mice

G-17

TABLE G21

Proteinase Activity in Lavage Fluid and Lung Homogenate Supernatant Fluid of Mice
at the 18-Month Interim Evaluation^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lavage Fluid			
Acid Proteinase	0.264 ± 0.044	0.428 ± 0.120	0.384 ± 0.066
Cathepsin D	0.212 ± 0.046	0.073 ± 0.013*	0.051 ± 0.035*
Cathepsin B	0.069 ± 0.037	0.355 ± 0.127*	0.342 ± 0.057*
Homogenate Supernatant Fluid			
Acid Proteinase	3.29 ± 0.58	4.76 ± 0.49	8.38 ± 0.85**
Cathepsin D	2.71 ± 0.24	4.98 ± 0.63*	8.45 ± 0.63**
Cathepsin B	0.607 ± 0.327	0.053 ± 0.053	0.403 ± 0.270
Neutral Proteinase	0.425 ± 0.079	0.548 ± 0.022	0.528 ± 0.034
PMN Elastase Cathepsin G	0.158 ± 0.066	0.242 ± 0.061	0.254 ± 0.017
Macrophage Elastase Collagenase	0.286 ± 0.093	0.306 ± 0.041	0.275 ± 0.031
Female			
Lavage Fluid			
Acid Proteinase	0.267 ± 0.103	0.561 ± 0.126	0.382 ± 0.040
Cathepsin D	0.219 ± 0.085	0.012 ± 0.012	0.062 ± 0.036
Cathepsin B	0.088 ± 0.034	0.587 ± 0.095*	0.358 ± 0.098*
Homogenate Supernatant Fluid			
Acid Proteinase	3.97 ± 0.41	5.57 ± 0.26*	9.03 ± 0.88**
Cathepsin D	3.28 ± 0.23	5.37 ± 0.16*	9.17 ± 0.75**
Cathepsin B	0.694 ± 0.284	0.232 ± 0.096	0.265 ± 0.265
Neutral Proteinase	0.381 ± 0.041	0.540 ± 0.036*	0.583 ± 0.035*
PMN Elastase Cathepsin G	0.265 ± 0.038	0.391 ± 0.038	0.268 ± 0.041
Macrophage Elastase Collagenase	0.116 ± 0.033	0.149 ± 0.054	0.315 ± 0.045*

* Significantly different (P≤0.05) from the control group by Dunn's or Shirley's test

** P≤0.01

^a Units are presented as mg/hour/mg control lung.

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G-18

Talc, NTP TR 421

TABLE G22
Proteinase Activity in Lavage Fluid and Lung Homogenate Supernatant Fluid of Mice
at the 24-Month Interim Evaluation^a

	0 mg/m ³	6 mg/m ³	18 mg/m ³
Male			
Lavage Fluid			
Acid Proteinase	1.62 ± 0.14	1.92 ± 0.18	3.56 ± 0.67*
Cathepsin D	0.000 ± 0.000	0.260 ± 0.156	1.613 ± 0.632**
Cathepsin B	1.94 ± 0.19	1.72 ± 0.28	1.78 ± 0.29
Homogenate Supernatant Fluid			
Acid Proteinase	9.23 ± 1.16	13.85 ± 1.56	24.34 ± 2.66*
Cathepsin D	6.63 ± 0.96	10.82 ± 0.98*	18.75 ± 1.73**
Cathepsin B	2.60 ± 0.39	3.03 ± 0.78	5.58 ± 1.11*
Neutral Proteinase	0.417 ± 0.072	0.568 ± 0.104	0.862 ± 0.164*
PMN Elastase Cathepsin G	0.251 ± 0.034	0.382 ± 0.093	0.341 ± 0.106
Macrophage Elastase Collagenase	0.166 ± 0.063	0.186 ± 0.040	0.521 ± 0.250
Female			
Lavage Fluid			
Acid Proteinase	0.854 ± 0.077	1.012 ± 0.149	0.998 ± 0.212
Cathepsin D	0.194 ± 0.089	0.114 ± 0.114	0.402 ± 0.146
Cathepsin B	0.708 ± 0.118	1.000 ± 0.365	0.596 ± 0.305
Homogenate Supernatant Fluid			
Acid Proteinase	7.83 ± 1.11	9.76 ± 0.56	22.54 ± 1.29*
Cathepsin D	5.10 ± 0.67	8.04 ± 0.95	17.93 ± 0.55**
Cathepsin B	2.73 ± 0.47	1.71 ± 0.57	4.61 ± 1.00
Neutral Proteinase	0.454 ± 0.096	0.646 ± 0.143	0.922 ± 0.077*
PMN Elastase Cathepsin G	0.172 ± 0.063	0.341 ± 0.082	0.360 ± 0.093
Macrophage Elastase Collagenase	0.421 ± 0.293	0.314 ± 0.162	0.563 ± 0.102

* Significantly different (P ≤ 0.05) from the control group by Dunn's or Shirley's test

** P ≤ 0.01

^a Units are presented as mg/hour/mg control lung.

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H-1

APPENDIX H

CHEMICAL CHARACTERIZATION, ANALYSIS, AND GENERATION OF CHAMBER CONCENTRATIONS

PROCUREMENT AND CHARACTERIZATION OF TALC	H-2
GENERATION AND MONITORING OF CHAMBER CONCENTRATIONS	H-4
FIGURE H1 Infrared Absorption Spectrum of Talc	H-6
FIGURE H2 Fluid Bed Generator	H-7
FIGURE H3 Aerosol Dilution/Delivery System	H-8
FIGURE H4 Talc Chronic Exposure System	H-9
FIGURE H5 Talc Aerosol Filter Concentrations in the 6 mg/m³ Rat Chamber	H-10
FIGURE H6 Talc Aerosol Filter Concentrations in the 18 mg/m³ Rat Chamber	H-11
FIGURE H7 Talc Aerosol Filter Concentrations in the 6 mg/m³ Mice Chamber	H-12
FIGURE H8 Talc Aerosol Filter Concentrations in the 18 mg/m³ Mice Chamber	H-13
TABLE H1 Summary of Aerosol Size Measurements for the 6 and 18 mg/m³ Rat Chambers	H-14
TABLE H2 Summary of Aerosol Size Measurements for the 6 and 18 mg/m³ Mouse Chambers	H-15

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H-2

Talc, NTP TR 421

CHEMICAL CHARACTERIZATION, ANALYSIS, AND GENERATION OF CHAMBER CONCENTRATIONS

PROCUREMENT AND CHARACTERIZATION OF TALC

Talc was obtained from Walsh and Associates (North Kansas City, MO) in two lots (lot W101882 and lot B5415). Lot W101882 was used from the beginning of the 2-year studies through January 1986. Lot B5415 was used in the 2-year studies from 27 January 1986 to the end of the studies on 31 October 1986. The talc was extensively characterized by the analytical chemistry laboratory, Midwest Research Institute (MRI; Kansas City, MO) and McCrone Associates (Norcross, GA). Reports on analyses performed in support of the talc studies are on file at the National Institute of Environmental Health Sciences.

The two lots of the chemical, a finely powdered white solid, were identified as talc by infrared spectroscopy. All spectra were consistent with those expected for the structure and with the literature spectra of talc (*Sadtler Standard Spectra*), as shown in Figure H1.

Lot W101882 was divided into three subbatches, which were analyzed separately. Each subbatch was characterized by elemental analyses, Karl Fischer water analysis, spark source mass spectrometry, and microscopic analyses. Microscopic analysis of each lot consisted of polarized light microscopy (PLM) and transmission electron microscopy (TEM). For PLM the sample was mounted in refractive index liquids and the optical parameters were determined. Dispersion staining has the advantage that small quantities of asbestos can easily be detected since the optical properties are interpreted from bright colors seen on a black background. The colors seen are the results of differences in refractive index dispersion for a liquid and a solid. TEM was performed by sonically dispersing approximately 0.1 g of talc in a solution of 0.001% methyl cellulose in particle-free water. A drop of the suspension was placed on a carbon coated 200-mesh copper grid, and 20 grid openings were examined. The detection limit was 0.1% by weight. No asbestos fibers were detected in any of the subbatches by polarized light microscopy or transmission electron microscopy.

Elemental analyses of hydrogen, magnesium, and silicon for all three subbatches of the lot were in agreement with the theoretical values for talc. The major impurities were 0.7% aluminum and 1.0% iron. Karl Fischer water analysis indicated approximately 0.2% absorbed water. Spark source mass spectrometry for the three subbatches also indicated approximately 0.1% phosphorus, 0.5% fluorine, and 0.05% calcium, while the remaining elemental impurities were less than 0.01%.

A special study was performed on this lot to determine if the sample met the American Society for Testing and Materials standard specifications for magnesium silicate. Results indicated that lot W101882 met the standard specifications.

Automated scanning electron microscopic analysis demonstrated that the talc was virtually free of silica. In the analysis a sample of talc is suspended in methylcellulose. Under computer control the particles are located, and maximum, minimum, and average diameters are determined; then a chemical analysis is performed. Of the 1,466 particles that were examined, 1 was identified as silica, 1,241 were talc, 136 were of tremolite type composition, 77 were mixed silicates, 1 was possibly zircon, and 10 were not identified. The single silica particle had an average diameter of 3.9 μm .

Lot B5415 was characterized by elemental analyses, Karl Fischer water analysis, spark source mass spectrometry, and microscopic analyses using the same methods described for lot W101882. Elemental analyses values were similar to results obtained for lot W101882. The major impurities present were 0.1% calcium, 0.5% aluminum, and 1% iron. Karl Fischer water analysis indicated 1.2% absorbed water. Spark source mass spectrometry also indicated 0.04% phosphorus, >0.5% aluminum, 0.03% sodium, 0.35% fluorine, and all other impurities were less than 0.03%. Microscopic analyses using PLM and TEM detected no asbestos fibers.

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Chemical Characterization and Dose Formulation

H-3

Comparative purity analyses of the two lots used in these studies were conducted due to problems with the generation of inhalation concentrations. Four samples of talc were used, two samples each from lots W101882 and B5415. Samples A and B were from lot W101882, sample C was from lot B5415, and sample D was a frozen reference from lot B5415 that had been stored at MRI.

Analyses performed included elemental analyses, microscopic analyses (PLM, TEM, determination of particle size distribution, and aspect ratios), X-ray diffraction, and thermogravimetric analysis (TGA). PLM and TEM analyses were performed on samples C and D. Analysis by PLM followed the procedures described earlier; TEM followed the same procedure described earlier except the talc was sonically dispersed in a solution of 90% (v/v) isopropanol in particle-free water. The determinations of particle size distribution and aspect ratios were performed on all four samples. Using TEM for both analyses, selected area diffraction (SAD) patterns were used to confirm that the particles being measured were talc. The particle size was taken as the average of two diameters 90° to each other and aspect ratios were taken as the ratio of the two diameters. Thermogravimetric analysis (TGA) was performed on samples A, B, and C on a DuPont 910 differential scanning calorimeter (DSC) with calcium oxalate monohydrate used as a calibrating standard, at an initial temperature of 50° C with a programmed maximum temperature of 1,100° C, at a rate of 20° C per minute.

Elemental analyses for hydrogen, magnesium, and silicon for all four samples were in agreement with theoretical values. Polarized light microscopy (PLM) and transmission electron microscopy (TEM) detected no asbestos fibers in any of the samples. The results for particle size distribution and aspect ratios indicated that there were only minor differences in particle size between the samples and more than 75% of the particles were in the 1.0 to 3.0 μm range. More than 90% of the talc particles had aspect ratios between 1 and 1.4, and less than 1% had ratios greater than 3:1. X-ray diffraction confirmed that all four samples were primarily talc with small quantities of chlorite and dolomite. Thermogravimetric analysis indicated that samples A, B, and C were similar. A main peak at 912° C in all three samples caused by the loss of chemically combined water was equal to a loss of 4.7% by weight. A minor peak at 590° C in all three samples may represent the loss of CO₂ from dolomite and amounted to a loss of 0.7% by weight which is equivalent to 1.5% dolomite.

Size Distribution Analysis of Talc Samples
(% of Total Particles Counted)

Size Range (μm)	Talc A	Talc B	Talc C	Talc D
0.5-1.0	5.88	2.97	12.50	1.94
1.0-1.5	15.69	9.90	19.23	11.65
1.5-2.0	26.47	26.73	24.04	26.21
2.0-2.5	20.59	17.82	21.15	23.30
2.5-3.0	11.76	18.81	10.58	8.74
3.0-3.5	5.88	12.87	4.81	7.77
3.5-4.0	3.92	5.94	2.88	5.83
4.0-4.5	2.94	1.98	1.92	4.85
4.5-5.0	2.94	0.99	0.96	3.88
5.0-5.5	1.96	0.99	0.96	2.91
5.5-6.0	1.96	0.99	0.96	1.94
6.0-6.5	-	-	-	0.97

The moisture content of the bulk chemical was reanalyzed every 4 months at the study laboratory by determining the weight loss following heating at 120°C for 16 hours. The results indicated that the moisture content of the talc was similar between the two lots and did not change during the 2-year studies. Bulk chemical stability studies were not performed on talc because the physical and chemical properties of talc indicate that it should be stable over a wide range of temperatures. The compound was stored in tightly sealed plastic bags at 25° C.

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H-4

Talc, NTP TR 421

GENERATION AND MONITORING OF CHAMBER CONCENTRATIONS

Aerosol Generation System: Talc aerosol was generated from one 4-inch, fluid bed generator (FBG). Figure H2 shows the schematic of the FBG with the gravity feed and collecting pan collection systems. The FBG bed contained type 316 stainless steel powder (Hoeganaes Corporation, Riverton, NJ), consisting of irregularly shaped particles 125 to 180 μm in diameter. The stainless steel powder was cleaned prior to use. The cleaning system used a 4-inch FBG with dry, filtered air flowing through at a flow rate of 80 CFM. The high flow rate through the bed removed the finest stainless steel particles. The cleaning system was run for 24 hours to ensure that all the "fines" were removed.

Following cleaning of the bed material, talc was mixed with the stainless steel powder at approximately 1 to 2.5 g of talc per 500 g bed material. The concentration of talc in the bed material was one method used to adjust exposure concentrations in the chamber. During the time period of November 1985 to January 1986, when difficulty in maintaining target concentrations was experienced, higher loadings were used in an effort to maintain target concentrations.

For generation of the talc aerosol, fluidization of the bed material mixed with talc occurred when compressed air (≈ 200 Lpm) was injected into the bed through a porous metal distribution plate which supports the bed. The motion of the bed released the much smaller talc particles into the air; the larger, heavier stainless steel particles were retained in the bed. A Kr-85 discharger was placed above the bed to reduce the particle charges. The aerosolized talc particles were mixed with diluting air (≈ 200 Lpm) to achieve the desired concentrations and were then delivered to the exposure chambers (Figures H3 and H4). As the talc powder was removed from the bed, the bed material was continually drained from the FBG through an overflow port located at the side of the generator. As spent bed material was drained from the generator, fresh talc-containing bed material was constantly added into the generator from a hopper located above the generator.

Stainless steel multitiered whole-body exposure chambers (H2000, Lab Products, Inc.) were used to expose the rats in this study while the smaller H1000 chambers were used for the mice. Flow rates through the chambers were 12 ± 2 CFM. To reduce the spatial variation of aerosol concentration and to increase the uniformity of mixing, the aerosol was diluted using a dilutor prior to its introduction into the chamber. Also, animal cages were rotated once per week to reduce the variation of concentrations of talc aerosols that the rodents were exposed to during the 2-year studies.

Aerosol Concentration Monitoring: Aerosol concentrations in each exposure chamber were monitored by taking filter samples for three, 2-hour periods during each 6-hour exposure day. The background concentration of total suspended particles in each control chamber was monitored each exposure day by taking one 6-hour filter sample. Overnight filter samples for total suspended particles were taken from the 18 mg/m^3 chambers once per month. All filter samples were taken at a flow rate of 3 L/minute. Each filter was weighed before and after the sample was taken, and the aerosol mass concentrations were calculated by dividing the mass increment (mg) by the volume sampled (m^3); the means and standard deviations for each chamber were calculated for each exposure day. Weekly mean exposure concentrations for the 2-year studies are presented in Figures H5 through H8. The concentrations during non-exposure hours in the 18 mg/m^3 chambers ranged from 0.02 to 1.1 mg/m^3 .

A RAM-S continuous aerosol monitor was used to monitor the stability of the aerosol concentrations and to determine the need to adjust the aerosol generation system during exposures. The RAM-S was used to monitor each chamber for at least 5 minutes at the beginning, middle, and end of the filter sampling period. A 2 L/minute flow rate through the RAM-S was achieved using an internal pump in the device. Both RAM-S and filter samples were taken at one point of the chambers above the animal cage. A Y-shaped probe was used, allowing simultaneous filter sampling and RAM-S aerosol mass monitor operation. The overall temporal variation in chamber concentrations in the 2-year studies were 33% and 27% relative standard deviation (RSD) for the mouse 6 and 18 mg/m^3 chambers. The variations were 31% and 36% RSD for the rat 6 and 18 mg/m^3 chambers. At least a portion of this variability may be ascribed to the period when talc generation problems were encountered (November 1985 through February 1986). In addition, a portion of the variability for the 18 mg/m^3 rat chamber

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H-5

may be ascribed to the time when higher concentrations were being generated (September through November, 1984).

During the period of November 5, 1985 through January 27, 1986 difficulties were experienced maintaining the required exposure levels of talc for the lifetime and 2-year exposure studies. Concentrations of aerosolized talc were significantly below target. Attempts were made to increase the flow of talc into the generator and raise the concentration; however, the talc-laden stainless steel bed material fed into the generator less freely than it had prior to November, 1985. There were no observable chemical changes in either the talc or the stainless steel bed material and no malfunctions in the generation system which could be pinpointed as the underlying cause for the poor flow characteristics of the bed material. On January 27, 1986, the generator was restarted with a new batch of talc. After a stabilization period of three weeks, the flow properties of the bed material showed significant improvement.

It was also observed during February, 1986 that when the ratio of talc to bed material was increased above 1.6 g talc per 500 g bed material, the bed began to show the poor flow properties characteristic of the previous batch of talc. When the bed loading was reduced below 1.6 g talc per 500 g bed material, the flow properties stabilized. This indicated that the bed has a maximum loading limit which must not be exceeded. By March 1986, the generator had stabilized and chamber target concentrations were achieved. The exact cause of these generation problems was never resolved.

In November, 1984 it was noticed that the RAM-S monitor indicated an off-scale reading (>10 V which is equivalent to 20 mg/m^3) for the 18 mg/m^3 rat chamber. Reasonable agreement was seen between RAM-S readings and filter samples in the other chambers. Investigations of this discrepancy indicated that the airflow through the critical orifice controlling flow through the filter was reduced. Evaluation of the previously collected pressure drop associated with this orifice and one having nearly identical nominal flow revealed that the flow to the sampling filter of the high level rat chamber dropped significantly on September 24, 1984. These data suggest that the sampling orifice had become partially clogged. In order to obtain a correction factor to recalculate the chamber concentration data, the filter pressure drop and exposure chamber pressure drop data were retrieved and used to determine the actual pressure drop across the sampling filter for the time period of September 24 through November 14, 1984. A group of 18 filters from different lots of the type used to sample the talc exposure chambers were tested to determine the pressure drop across them as a function of the flow through the filter. These data indicated that values for flow could be calculated from the pressure drop data. The relationship between pressure drop and filter flow rate was used to recalculate the sampling filter flow for each day. When the chamber sampling orifice flow rate was taken into account, the best estimate of the correction factor is 2.06. This factor has been used to multiply the originally recorded chamber concentrations for those dates. The corrected values are reported.

Aerosol size distribution was determined once a month for each chamber using a cascade impactor operated at a flow rate of 15 L/minute. Stainless steel disks coated with apiezon grease were used as impactor substrates and the amount of talc collected on each stage was determined by the difference in stage weight before and after the sample was taken. The mass median aerodynamic diameter and the geometric standard deviation were calculated from the mass data, effective cutoff diameter of each stage, and impactor flow rate. The results are presented in Tables H1 and H2.

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H-6

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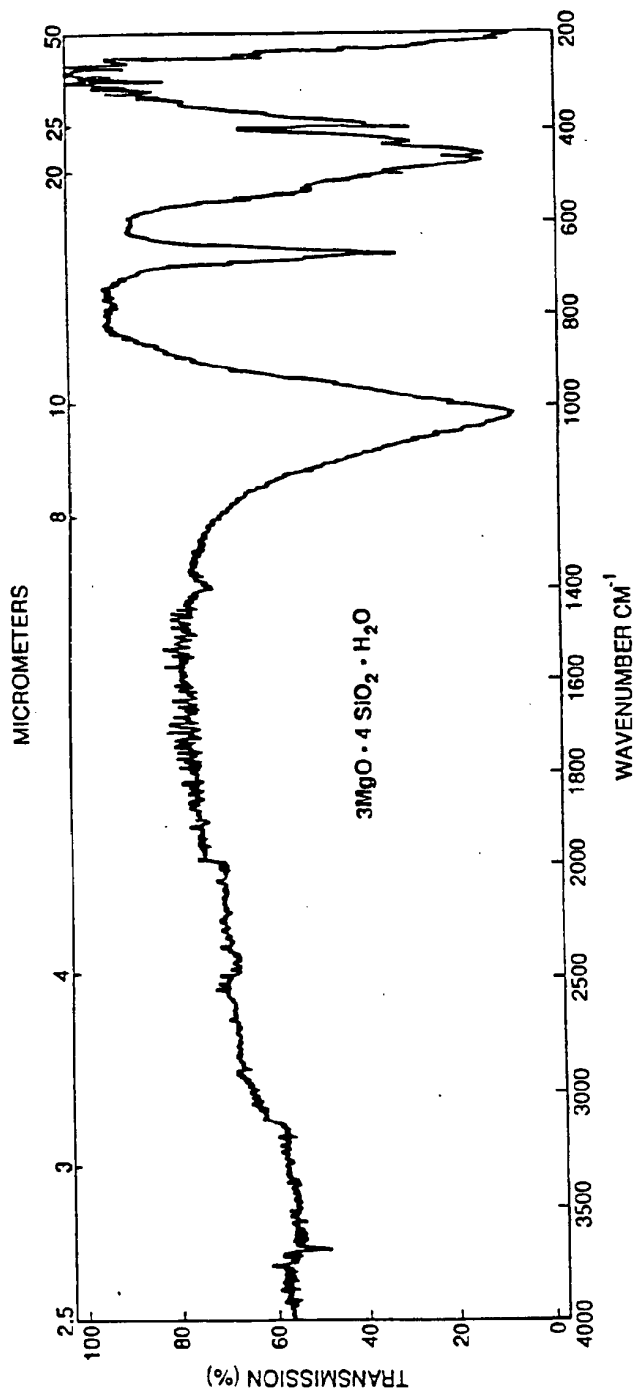


FIGURE H1
Infrared Absorption Spectrum of Talc

ABSCISSA EXPANSION 1 SUPPRESSION	ORDINATE EXPANSION 1 %T 0-100 ABS	SCAN TIME 24 min RESPONSE 1 SLIT PROGRAM 6	REP. SCAN TIME DRIVE OPERATOR A. Clark DATE 11/9/92
SAMPLE: Talc Lot W101882 Batch 02 Subbatch A	REMARKS Trimmer comb in reference beam	SOLVENT CONCENTRATION 1% in KBr	CELL PATH REFERENCE 154N

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H-7

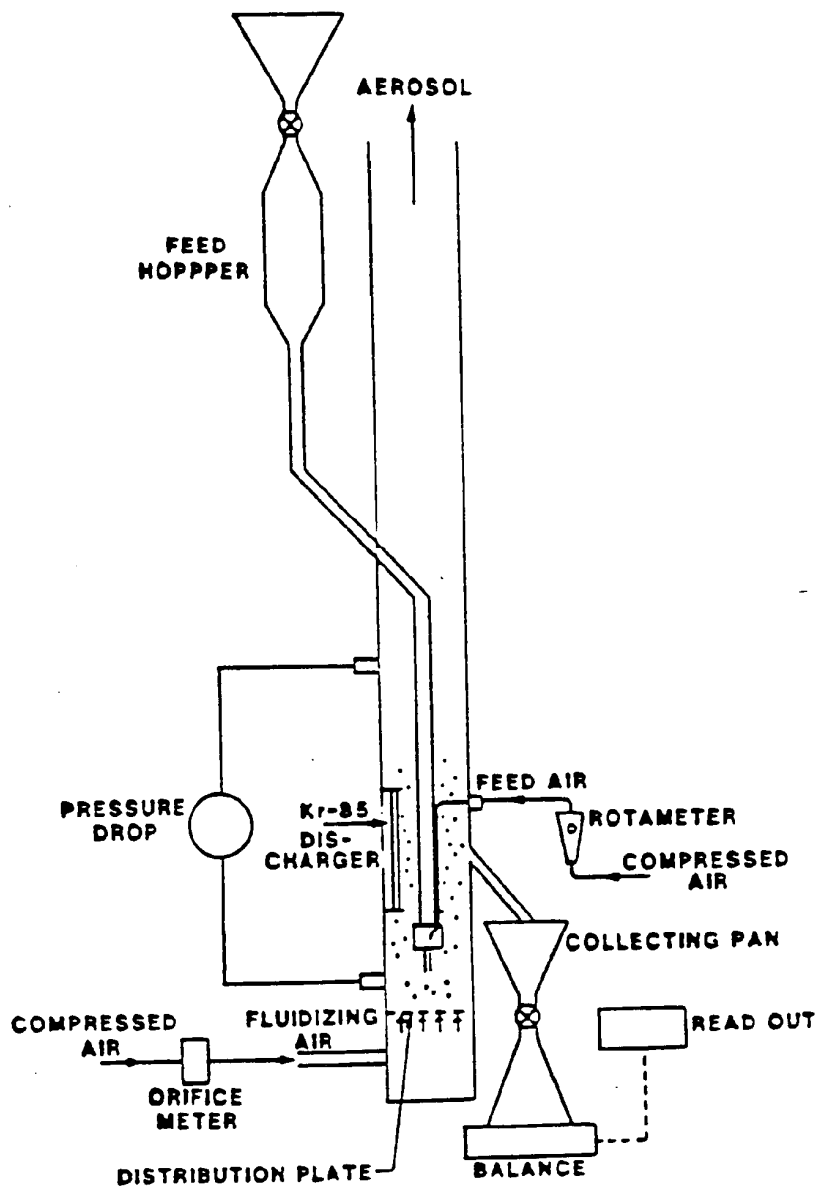


FIGURE H2
Fluid Bed Generator

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H-8

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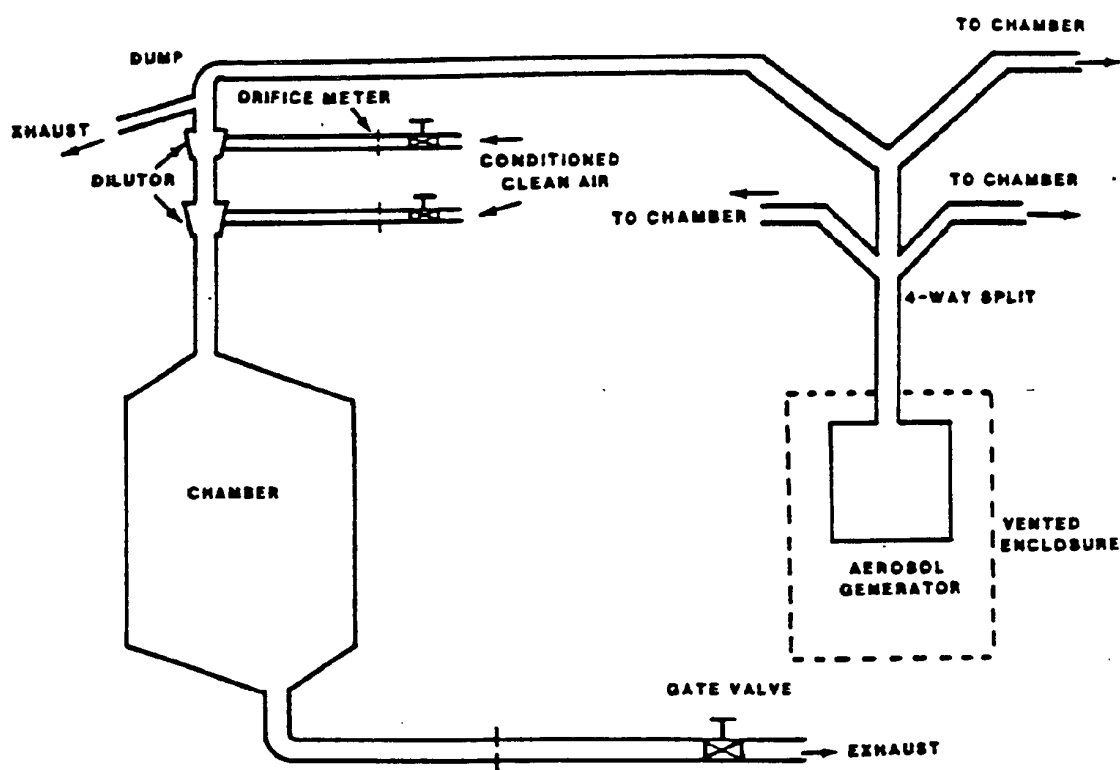


FIGURE H3
Aerosol Dilution/Delivery System

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H-9

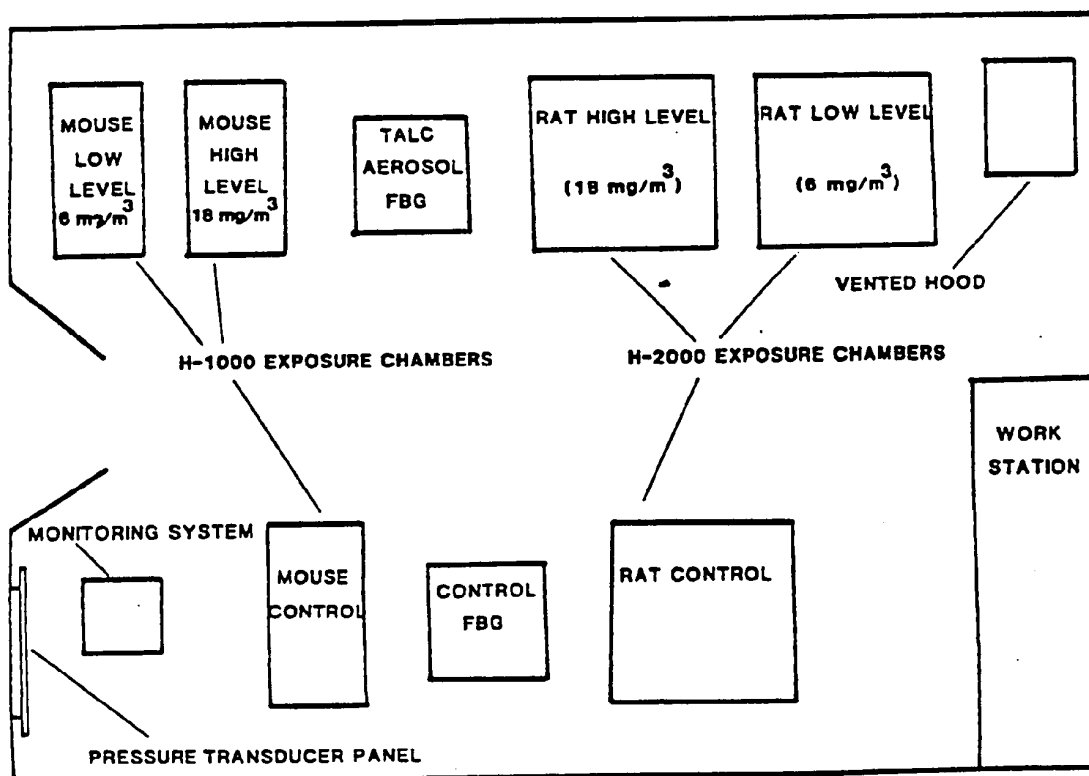


FIGURE H4
Talc Chronic Exposure System

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H-10

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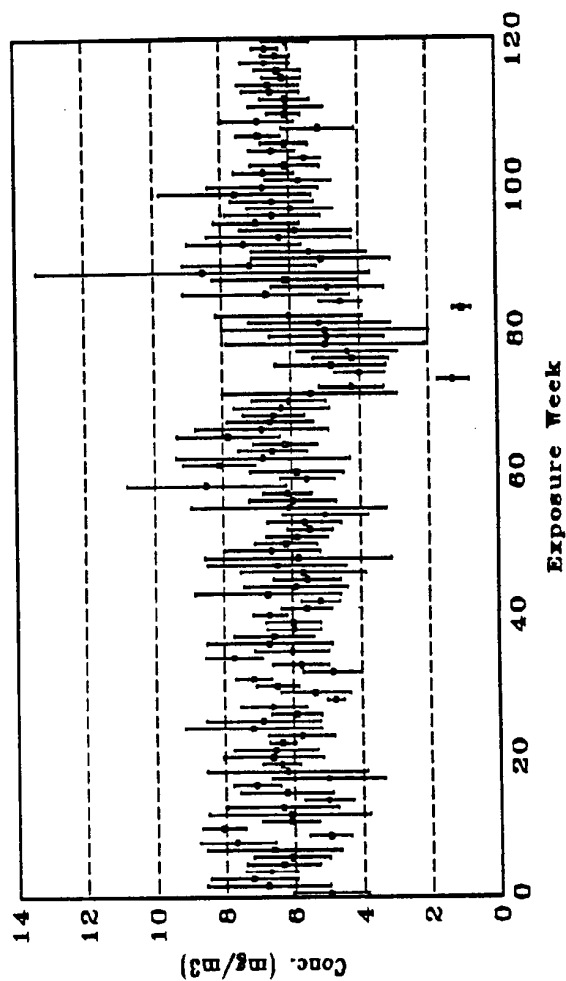


FIGURE H5
Talc Aerosol Filter Concentrations in the 6 mg/m³ Rat Chamber

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H-11

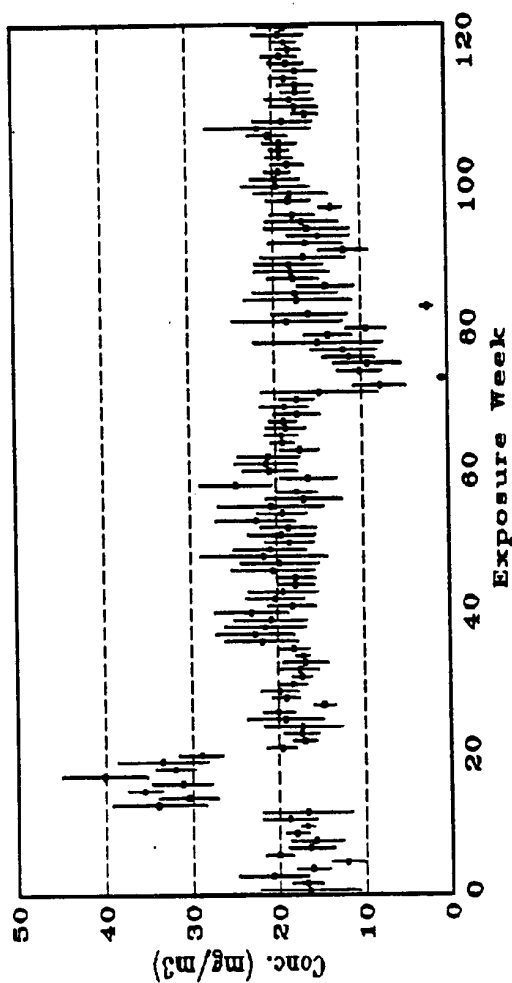


FIGURE H6
Talc Aerosol Filter Concentrations in the 18 mg/m³ Rat Chamber

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H-12

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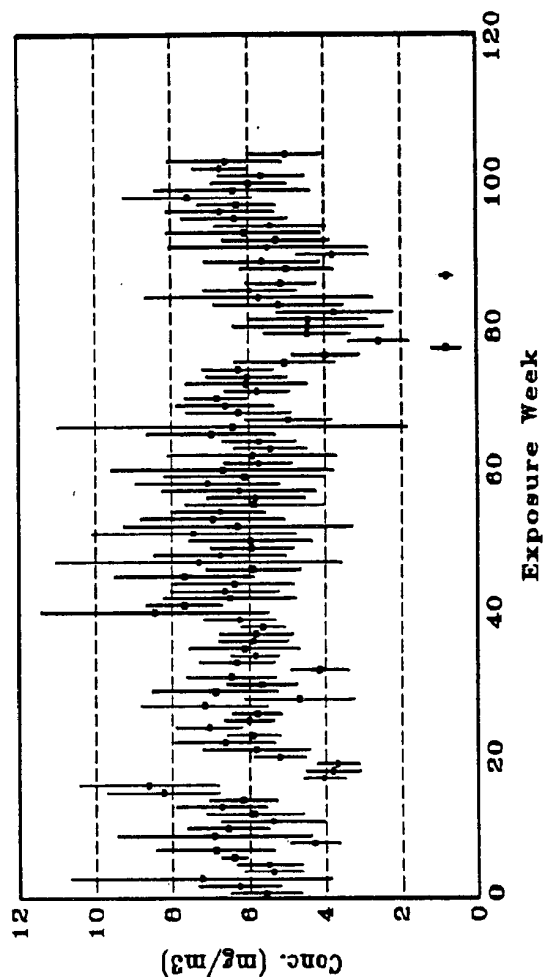


FIGURE H7
Talc Aerosol Filter Concentrations in the 6 mg/m³ Mice Chamber

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H-13

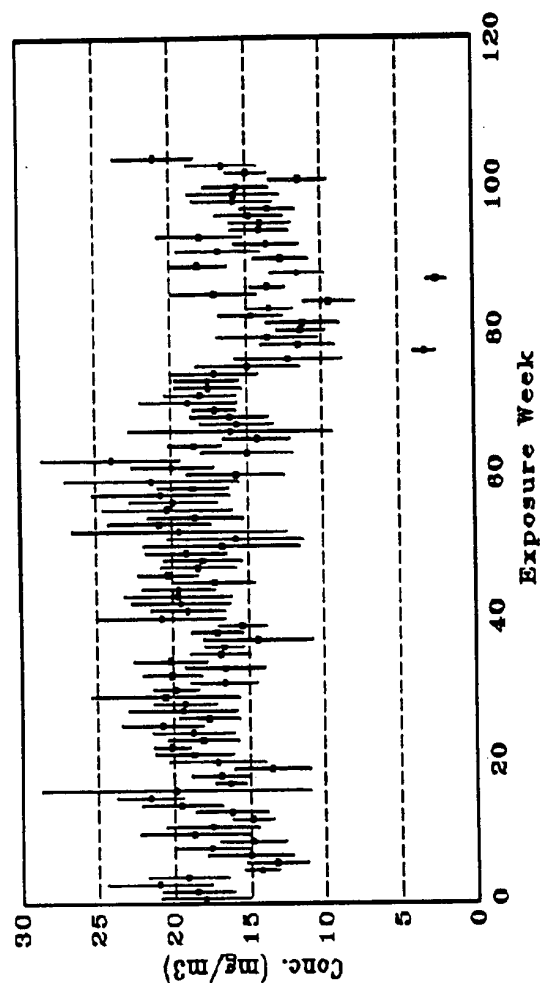


FIGURE H8
Talc Aerosol Filter Concentrations in the 18 mg/m³ Mice Chamber

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H-14

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TABLE H1
Summary of Aerosol Size Measurements for the 6 and 18 mg/m³ Rat Chambers

6 mg/m ³			18 mg/m ³		
Date	Mass Median Aerodynamic Diameter (μm)	Geometric Standard Deviation	Date	Mass Median Aerodynamic Diameter (μm)	Geometric Standard Deviation
9 July 1984	2.3	2.6	25 June 1984	3.6	2.0
6 August 1984	2.6	1.7	1 August 1984	3.0	1.8
4 September	2.8	1.8	27 August 1984	3.2	1.9
3 October 1984	2.6	1.8	26 September 1984	2.9	1.8
31 October 1984	2.9	1.8	24 October 1984	3.2	1.9
27 November 1984	2.5	1.8	20 November 1984	3.0	1.9
4 January 1985	2.6	1.8	24 December 1984	2.8	1.8
25 January 1985	2.5	1.7	14 January 1985	2.9	1.8
25 February 1985	2.6	1.8	19 February 1985	2.8	1.8
19 March 1985	2.8	1.8	15 March 1985	3.1	2.0
22 April 1985	2.9	1.7	12 April 1985	3.1	1.8
13 June 1985	3.0	1.9	8 May 1985	2.9	1.9
9 July 1985	2.8	1.8	10 June 1985	3.0	1.9
9 August 1985	2.7	1.9	5 July 1985	3.5	1.8
3 September 1985	2.7	1.5	1 August 1985	3.1	1.9
30 September 1985	2.3	1.3	26 August 1985	2.9	1.9
28 October 1985	2.6	1.4	23 September 1985	2.6	1.6
2 December 1985	3.1	1.7	21 October 1985	2.7	1.5
18 December 1985	3.0	1.7	25 November 1985	4.0	2.1
3 January 1986	1.8	2.8	17 December 1985	3.3	1.9
8 January 1986	3.6	1.9	30 December 1985	3.7	1.8
13 January 1986	3.1	1.8	3 January 1986	4.0	2.2
24 February 1986	2.9	2.2	8 January 1986	3.8	1.9
24 March 1986	3.4	1.9	18 February 1986	3.2	2.1
22 April 1986	3.2	2.3	17 March 1986	3.6	1.9
23 May 1986	2.4	1.9	14 April 1986	4.0	2.0
23 May 1986	2.9	1.9	19 May 1986	3.2	1.8
27 May 1986	2.3	1.9	2 June 1986	3.2	2.1
16 June 1986	2.7	2.7	17 June 1986	3.3	1.9
30 June 1986	2.2	2.4	15 July 1986	3.4	2.0
28 July 1986	2.5	2.3	11 August 1986	3.1	1.9
25 August 1986	2.1	2.5	9 September 1986	2.9	1.9
22 September 1986	2.5	2.0	6 October 1986	2.7	2.3
20 October 1986	2.7	2.3			
Mean ± standard deviation	2.7 ± 0.4	1.9 ± 0.4		3.2 ± 0.4	1.9 ± 0.2

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H-15

TABLE H2

Summary of Aerosol Size Measurements for the 6 and 18 mg/m³ Mouse Chambers

6 mg/m ³			18 mg/m ³		
Date	Mass Median Aerodynamic Diameter (μm)	Geometric Standard Deviation	Date	Mass Median Aerodynamic Diameter (μm)	Geometric Standard Deviation
18 June 1984	3.9	1.8	25 June 1984	3.6	2.0
16 July 1984	3.4	1.9	23 July 1984	3.7	1.9
14 August 1984	3.5	1.8	20 August 1984	3.5	1.8
18 September 1984	3.3	1.8	10 September 1984	3.9	2.0
10 October 1984	3.1	1.9	17 October 1984	3.8	1.9
7 November 1984	3.3	1.8	19 November 1984	3.5	1.7
4 December 1984	3.0	1.8	12 December 1984	3.3	1.9
7 January 1985	3.4	1.6	7 January 1985	3.4	1.8
4 February 1985	3.2	1.8	8 February 1985	3.6	1.9
1 March 1985	2.9	1.9	7 March 1985	3.6	1.9
29 March 1985	3.1	1.8	5 April 1985	3.5	1.9
23 April 1985	3.6	1.8	2 May 1985	3.6	1.8
22 May 1985	3.1	2.0	29 May 1985	3.5	2.2
21 June 1985	3.3	1.8	26 June 1985	3.7	2.0
23 July 1985	3.4	1.8	29 July 1985	3.5	1.9
15 August 1985	3.5	1.8	20 August 1985	3.8	1.9
9 September 1985	2.6	1.3	16 September 1985	3.3	1.8
7 October 1985	2.7	1.5	14 October 1985	2.8	1.7
4 November 1985	2.5	1.5	12 November 1985	4.1	2.1
9 December 1985	3.4	1.6	16 December 1985	3.8	2.0
19 December 1985	3.6	2.0	3 January 1986	3.6	1.9
3 January 1986	3.9	2.0	8 January 1986	5.0	2.0
8 January 1986	4.0	2.1	10 February 1986	3.3	2.4
20 January 1986	3.7	1.8	13 March 1986	3.1	2.5
3 March 1986	3.0	2.1	7 April 1986	3.4	2.0
31 March 1986	2.9	2.1	5 May 1986	3.3	2.2
28 April 1986	3.2	4.7			
Mean ± standard deviation				3.6 ± 0.4	2.0 ± 0.2

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H-16

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I-1

**APPENDIX I
INGREDIENTS, NUTRIENT COMPOSITION,
AND CONTAMINANT LEVELS
IN NIH-07 RAT AND MOUSE RATION**

TABLE I1	Ingredients of NIH-07 Rat and Mouse Ration	I-2
TABLE I2	Vitamins and Minerals in NIH-07 Rat and Mouse Ration	I-2
TABLE I3	Nutrient Composition of NIH-07 Rat and Mouse Ration	I-3
TABLE I4	Contaminant Levels in NIH-07 Rat and Mouse Ration	I-4

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I-2

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TABLE I1
Ingredients of NIH-07 Rat and Mouse Ration^a

Ingredients ^b	Percent by Weight
Ground #2 yellow shelled corn	24.50
Ground hard winter wheat	23.00
Soybean meal (49% protein)	12.00
Fish meal (60% protein)	10.00
Wheat middlings	10.00
Dried skim milk	5.00
Alfalfa meal (dehydrated, 17% protein)	4.00
Corn gluten meal (60% protein)	3.00
Soy oil	2.50
Dried brewer's yeast	2.00
Dry molasses	1.50
Dicalcium phosphate	1.25
Ground limestone	0.50
Salt	0.50
Premixes (vitamin and mineral)	0.25

^a NCI, 1976; NIH, 1978^b Ingredients were ground to pass through a U.S. Standard Screen No. 16 before being mixed.

TABLE I2
Vitamins and Minerals in NIH-07 Rat and Mouse Ration^a

	Amount	Source
Vitamins		
A	5,500,000 IU	Stabilized vitamin A palmitate or acetate
D ₃	4,600,000 IU	D-activated animal sterol
K ₃	2.8 g	Menadione
d-α-Tocopheryl acetate	20,000 IU	
Choline	560.0 g	Choline chloride
Folic acid	2.2 g	
Niacin	30.0 g	
d-Pantothenic acid	18.0 g	d-Calcium pantothenate
Riboflavin	3.4 g	
Thiamine	10.0 g	Thiamine mononitrate
B ₁₂	4,000 µg	
Pyridoxine	1.7 g	Pyridoxine hydrochloride
Biotin	140.0 mg	d-Biotin
Minerals		
Iron	120.0 g	Iron sulfate
Manganese	60.0 g	Manganous oxide
Zinc	16.0 g	Zinc oxide
Copper	4.0 g	Copper sulfate
Iodine	1.4 g	Calcium iodate
Cobalt	0.4 g	Cobalt carbonate

^a Per ton (2,000 lb) of finished product

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Feed Analyses

1-3

TABLE I3
Nutrient Composition of NIH-07 Rat and Mouse Ration

Nutrient	Mean \pm Standard Deviation	Range	Number of Samples
Protein (% by weight)	22.22 \pm 0.72	21.1-23.5	13
Crude fat (% by weight)	5.59 \pm 0.55	4.7-6.4	13
Crude fiber (% by weight)	3.36 \pm 0.30	2.7-3.8	13
Ash (% by weight)	6.55 \pm 0.23	6.1-7.0	13
Amino Acids (% of total diet)			
Arginine	1.308 \pm 0.606	1.210-1.390	8
Cystine	0.306 \pm 0.084	0.181-0.400	8
Glycine	1.150 \pm 0.047	1.060-1.210	8
Histidine	0.576 \pm 0.024	0.531-0.607	8
Isoleucine	0.917 \pm 0.029	0.881-0.944	8
Leucine	1.946 \pm 0.055	1.850-2.040	8
Lysine	1.270 \pm 0.058	1.200-1.370	8
Methionine	0.448 \pm 0.128	0.306-0.699	8
Phenylalanine	0.987 \pm 0.140	0.665-1.110	8
Threonine	0.877 \pm 0.042	0.824-0.940	8
Tryptophane	0.236 \pm 0.176	0.107-0.671	8
Tyrosine	0.676 \pm 0.105	0.564-0.794	8
Valine	1.103 \pm 0.040	1.050-1.170	8
Essential Fatty Acids (% of total diet)			
Linoleic	2.393 \pm 0.258	1.830-2.570	7
Linolenic	0.280 \pm 0.040	0.210-0.320	7
Vitamins			
Vitamin A (IU/kg)	9,846 \pm 2,839	5,600-15,000	13
Vitamin D (IU/kg)	4,450 \pm 1,382	3,000-6,300	4
α -Tocopherol (ppm)	37.95 \pm 9.41	22.5-48.9	8
Thiamine (ppm)	20.77 \pm 2.01	17.0-23.0	13
Riboflavin (ppm)	7.92 \pm 0.87	6.10-9.00	8
Niacin (ppm)	103.4 \pm 26.59	65.0-150.0	8
Pantothenic acid (ppm)	29.54 \pm 3.60	23.0-34.0	8
Pyridoxine (ppm)	9.55 \pm 3.48	5.60-14.0	8
Folic acid (ppm)	2.25 \pm 0.73	1.80-3.70	8
Biotin (ppm)	0.254 \pm 0.042	0.19-0.32	8
Vitamin B ₁₂ (ppb)	38.45 \pm 22.01	10.6-65.0	8
Choline (ppm)	3,089 \pm 328.69	2,400-3,430	8
Minerals			
Calcium (%)	1.17 \pm 0.09	1.06-1.41	13
Phosphorus (%)	0.92 \pm 0.03	0.87-0.99	13
Potassium (%)	0.883 \pm 0.078	0.772-0.971	6
Chloride (%)	0.526 \pm 0.092	0.380-0.635	8
Sodium (%)	0.313 \pm 0.390	0.258-0.371	8
Magnesium (%)	0.168 \pm 0.010	0.151-0.181	8
Sulfur (%)	0.280 \pm 0.064	0.208-0.420	8
Iron (ppm)	360.5 \pm 100	255.0-523.0	8
Manganese (ppm)	92.0 \pm 6.01	81.70-99.40	8
Zinc (ppm)	54.72 \pm 5.67	46.10-64.50	8
Copper (ppm)	11.06 \pm 2.50	8.090-15.39	8
Iodine (ppm)	3.37 \pm 0.92	1.52-4.13	6
Chromium (ppm)	1.79 \pm 0.36	1.04-2.09	8
Cobalt (ppm)	0.681 \pm 0.14	0.490-0.780	4

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I-4

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TABLE I4
Contaminant Levels in NIH-07 Rat and Mouse Ration

	Mean \pm Standard Deviation ^a	Range	Number of Samples
Contaminants			
Arsenic (ppm)	0.72 \pm 0.19	0.33–0.94	13
Cadmium (ppm)	<0.1		13
Lead (ppm)	0.57 \pm 0.31	0.14–1.32	13
Mercury (ppm)	<0.05		13
Selenium (ppm)	0.35 \pm 0.08	0.21–0.44	13
Aflatoxins (ppb)	<5.0		13
Nitrate nitrogen (ppm) ^b	12.56 \pm 4.47	2.80–18.0	13
Nitrite nitrogen (ppm) ^b	0.14 \pm 0.11	<0.10–0.50	13
BHA (ppm) ^c	2.54 \pm 1.05	<2.00–5.00	13
BHT (ppm) ^c	2.39 \pm 1.33	<1.00–4.00	13
Aerobic plate count (CFU/g) ^d	39,523 \pm 39,878	3,400–130,000	13
Coliform (MPN/g) ^e	3.72 \pm 1.79	<3.00–9.00	11
Coliform (MPN/g) ^f	9.46 \pm 14.11	<3.00–43.0	13
<i>E. coli</i> (MPN/g) ^g	3.08 \pm 0.28	<3.0–4.00	13
Total nitrosamines (ppb) ^h	6.99 \pm 4.13	1.80–16.00	13
N-Nitrosodimethylamine (ppb) ^h	5.67 \pm 3.79	0.80–15.00	13
N-Nitrosopyrrolidine (ppb) ^h	1.32 \pm 0.73	1.00–3.40	13
Pesticides (ppm)			
α -BHC ⁱ	<0.01		13
β -BHC	<0.02		13
γ -BHC	<0.01		13
δ -BHC	<0.01		13
Heptachlor	<0.01		13
Aldrin	<0.01		13
Heptachlor epoxide	<0.01		13
DDE	<0.01		13
DDD	<0.01		13
DDT	<0.01		13
HCB	<0.01		13
Mirex	<0.01		13
Methoxychlor	<0.05		13
Dieldrin	<0.01		13
Endrin	<0.01		13
Telodrin	<0.01		13
Chlordane	<0.05		13
Toxaphene	<0.1		13
Estimated PCBs	<0.2		13
Ronnel	<0.01		13
Ethion	<0.02		13
Trithion	<0.05		13
Diazinon	<0.1		13
Methyl parathion	<0.02		13
Ethyl parathion	<0.02		13
Malathion ^j	0.09 \pm 0.07	0.05–0.28	13
Endosulfan I	<0.01		13
Endosulfan II	<0.01		13
Endosulfan sulfate	<0.03		13

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I-5

TABLE I4
Contaminant Levels in NIH-07 Rat and Mouse Ration (continued)

-
- ^a For values less than the limit of detection, the detection limit is given for the mean.
^b Sources of contamination: alfalfa, grains, and fish meal
^c Sources of contamination: soy oil and fish meal
^d CFU = colony forming unit
^e MPN = most probable number
^f Includes two high values of 39 and 43 MPN/g obtained from lots milled 15 March 1984 and 9 May 1984, respectively.
^g One lot milled 17 October 1984 contained 4.00 MPN/g; all other lots contained 3.00 MPN/g
^h All values were corrected for percent recovery.
ⁱ BHC = hexachlorocyclohexane or benzene hexachloride.
^j Seven lots contained more than 0.05 ppm.

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1-6

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273 of 283

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J-1

APPENDIX J SENTINEL ANIMAL PROGRAM

METHODS	J-2
TABLE J1 Murine Virus Antibody Determinations for Rats and Mice in the Lifetime and 2-Year Inhalation Studies of Talc	J-4

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J-2

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SENTINEL ANIMAL PROGRAM

METHODS

Rodents used in the Carcinogenesis Program of the National Toxicology Program are produced in optimally clean facilities to eliminate potential pathogens that may affect study results. The Sentinel Animal Program is part of the periodic monitoring of animal health that occurs during the toxicologic evaluation of chemical compounds. Under this program, the disease state of the rodents is monitored via serology on sera from extra (sentinel) animals in the study rooms. These animals and the study animals are subject to identical environmental conditions. The sentinel animals come from the same production source and weanling groups as the animals used for the studies of chemical compounds.

Rats

Prior to the beginning of the lifetime study, 5 F344/N rats of each sex were sacrificed and serum samples were taken for serological evaluation by Microbiological Associates (Bethesda, MD). Serum samples were also taken from selected rats for serology testing at each of the interim evaluations: 3 male and 3 female rats at 6 months; 8 male and 9 female rats at 12 and 18 months; 11 male and 17 female rats at 24 months; and 15 male and 15 female rats at the terminal sacrifice (male, 113 weeks; female, 122 weeks). Blood collected from each animal was allowed to clot and the serum was separated. The serum was cooled on ice and shipped to Microbiological Associates (Bethesda, MD) for determination of antibody titers. The following tests were performed:

Method of Analysis

Time of Analysis

ELISA

RCV/SDA (rat corona virus/sialodacryoadenitis virus)	Study initiation, 6, 12, 18, 24 months, study termination
PVM (pneumonia virus of mice)	6, 12, 18, 24 months, study termination
Sendai	6, 12, 18, 24 months, study termination
<i>Mycoplasma arthritidis</i>	12, 18, 24 months, study termination
<i>Mycoplasma pulmonis</i>	12, 18, 24 months, study termination
CARB (cilia-associated respiratory bacillus)	Study termination (males only)

Hemagglutination Inhibition

H-1 (Toolan's H-1 virus)	Study initiation, 6, 12, 18, 24 months, study termination
KRV (Kilham rat virus)	Study initiation, 6, 12, 18, 24, study termination
PVM	Study initiation
Sendai	Study initiation

Immunofluorescence Assay

KRV	24 months (males only)
RCV (rat corona virus)	24 months (males only)
RCV/SDA	28 months (males only)

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Sentinel Animal Program

J-3

Mice

Prior to the beginning of the 2-year study, 5 B6C3F₁ mice of each sex were sacrificed and serum samples were taken for serological evaluation by Microbiological Associates (Bethesda, MD). Serum samples for serology testing were also taken from control males and females at each of the interim evaluations (4 males and 4 females at 6 months; 12 males and 12 females at 12 months) and at the terminal sacrifice (15 males and 15 females). (Samples were inadvertently omitted for mice evaluated after 18 months of exposure on 4-5 December, 1985.) Blood collected from each animal was allowed to clot and the serum was separated. The serum was cooled on ice and shipped to Microbiological Associates (Bethesda, MD) for determination of antibody titers. The following tests were performed:

Method of Analysis

Time of Analysis

Complement Fixation

LCM (lymphocytic choriomeningitis virus)
Mouse adenoma virus

Study initiation, 6, 12, 24 months
Study initiation

ELISA

Ectromelia virus
GDVII (mouse encephalomyelitis virus)
MHV (mouse hepatitis virus)
PVM
Sendai
Reo 3
Mouse adenoma virus
M. arthritidis
M. pulmonis

6, 12, 24 months
Study initiation, 6, 12, 24 months
Study initiation, 6, 12, 24 months
6, 12, 24 months
6, 12, 24 months
6, 12, 24 months
6, 12, 24 months
6, 12, 24 months
6, 12, 24 months

Hemagglutination Inhibition

Ectromelia virus
K (papovirus)
MVM (minute virus mice)
PVM
Polyoma virus
Reovirus 3
Sendai

Study initiation
12, 24 months
Study initiation, 6, 12, 24 months
Study initiation
Study initiation, 6, 12, 24 months
Study initiation
Study initiation

Immunofluorescence Assay

EDIM (Epizootic diarrhea of infant mice)
Reovirus 3

6, 12, 24 months
24 months

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J-4

Talc, NTP TR 421

TABLE J1
Murine Virus Antibody Determinations for Rats and Mice in the Lifetime and 2-Year Inhalation Studies of Talc

Interval (months)		Incidence of Antibody in Sentinel Animals	Positive Serologic Reaction for
Rats			
6 months		0/6	-
12 months		0/17	-
18 months		0/17	-
24 months			
(males)		1/11	KRV
		9/11	Sendai
		6/11	RCV
(females)		13/17	Sendai
		13/17	RCV/SDA
28 months			
		15/15	Sendai
		3/15	RCV/SDA
30 months			
		15/15	Sendai
		1/15	RCV/SDA
Mice			
6 months		0/8	-
12 months		0/24	MHV
24 months			
		2/30	Reovirus 3
		7/30	<i>M. arthritidis</i>
		21/30	EDIM

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K-1

APPENDIX K 4-WEEK INHALATION STUDIES IN RATS AND MICE

EXPERIMENTAL PROTOCOL	K-2
TABLE K1 Experimental Design and Materials and Methods in the 4-Week Inhalation Studies of Talc	K-3
RESULTS	K-5

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K-2

Talc, NTP TR 421

EXPERIMENTAL PROTOCOL

Procurement and Characterization of Talc

Talc was obtained from Walsh and Associates (North Kansas City, MO) in one lot (lot number W101882). Identity and purity analyses were performed by the analytical chemistry laboratory, Midwest Research Institute (MRI; Kansas City, MO).

The study chemical, a finely powdered white solid, was identified as talc by infrared spectroscopy, elemental analysis, and microscopic analyses. The moisture content of the bulk chemical was analyzed and was determined to be stable throughout the studies. Bulk chemical studies were not conducted due to the physical and chemical properties of talc. The compound was stored in sealed Nalgene containers.

Generation and Monitoring of Chamber Concentrations

Talc aerosols were generated in a fluidized bed generator by injecting filtered air into the bed. Samples were collected continuously during the 6-hour exposure day on glass fiber filters. Only one sampling port position was used each day to collect the samples from each chamber. Once a week, samples were collected on Zefluor filters so that the magnesium content of aerosolized talc could be determined and be compared to the magnesium content of bulk talc. Cascade impactor samples were taken 3 to 6 times a week to determine aerosol particle size. The amount of talc collected on the filters and impactor stages was quantitated gravimetrically. The extent of carry over of the stainless steel material from the FBG was quantitated by measuring the amount of acid soluble nickel and chromium in filter samples taken from the exposure atmosphere twice during the study.

Study Design

Groups of 10 male and 10 female F344/N rats and B6C3F₁ mice were exposed by inhalation to talc at target concentrations of 0 (chamber controls), 2, 6, and 18 mg/m³. Rats and mice were exposed for 6 hours daily, 5 days a week, for 20 days.

Source and Specification of Animals

Male and female F344/N rats were obtained from Lovelace Inhalation Toxicology Research Institute (Albuquerque, NM). Male and female B6C3F₁ mice were obtained from Simonsen Laboratory (Gilroy, CA). Rats and mice were held 3 weeks before the studies began, and were 6 to 7 weeks old when the studies began. Animal health was monitored by serologic analyses during the studies under the protocols of the NTP Sentinel Animal Program.

Animal Maintenance

Rats and mice were housed individually throughout the studies. Drinking water was available *ad libitum*. Further details of animal maintenance are given in Table K1.

Clinical Examinations and Pathology

All rats and mice were observed twice daily. Clinical observations and body weights were recorded at the beginning of the studies, each week, and at the end of the studies. Organ weights were recorded for the heart, right kidney, liver, and lung at the end of the studies.

A necropsy was performed on all animals. During necropsy, all organs and tissues were examined for grossly visible lesions. A complete histopathologic examination was performed on all high-exposure and control animals. Tissues for microscopic examination were fixed in 10% neutral buffered formalin, embedded in paraffin, sectioned to a thickness of 5 μ m, and stained with hematoxylin and eosin.

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4-Week Inhalation Studies

K-3

TABLE K1
Experimental Design and Materials and Methods in the 4-Week Inhalation Studies of Talc

Study Laboratory

Lovelace Inhalation Toxicology Research Institute (Albuquerque, NM)

Strain and Species

Rats: F344/N rats

Mice: B6C3F₁ mice

Animal Source

Rats: Lovelace Inhalation Toxicology Research Institute (Albuquerque, NM)

Mice: Simonsen Laboratory (Gilroy, CA)

Time Held Before Studies

3 weeks

Average Age When Placed on Studies

6-7 weeks

Date of First Exposure

Rats: 20 April 1983

Mice: 16 June 1983

Duration of Exposure

6 hours/day, 5 days/week for 4 weeks

Date of Last Exposure

Rats: 18 May 1983

Mice: 13 July 1983

Average Age When Killed

10 to 11 weeks

Method of Sacrifice

Intraperitoneal injection of T-61 solution

Necropsy Dates

Rats: 19-20 May 1983

Mice: 14-15 July 1983

Size of Study Groups

10 males and 10 females

Method of Animal Distribution

Randomized by weight

Animals per Cage

1

Method of Animal Identification

Ear tag and toeclip

Diet

NIH-07 Rat and Mouse Ration (Zeigler, Bros., Gardner, PA) available *ad libitum* during non-exposure periods

Maximum Storage Time for Feed

Not available

Water

Automatic Watering System (Edstrom Industries, Waterford, WI), available *ad libitum*

Cages

Stainless steel mesh cages (Hazelton, Aberdeen, MD), changed once weekly

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K-4

Talc, NTP TR 421

TABLE K1

Experimental Design and Materials and Methods in the 4-Week Inhalation Studies of Talc (continued)

Chambers

Stainless steel multitiered whole-body exposure chambers (H2000 and H1000, Hazleton Systems, Aberdeen, MD) washed once weekly

Excreta Pan

Techboard untreated paper (Shepherd Specialties Paper, Inc., Kalamazoo, MI), changed twice a day

Filters

Room Air and Chamber Air High Efficiency Particulate Air (HEPA) Filter, MIL Spec MIL-F-51068C (Flanders, Washington, DC), changed as required

Animal Room Environment

Rats

Average temperature: 23° C

Relative humidity: 40.3%

Fluorescent light: not available

Room air changes: not available

Mice

Average temperature: 24° C

Relative humidity: 42%

Fluorescent light: not available

Room air changes: not available

Exposure Concentrations

0, 2, 6, and 18 mg/m³ by inhalation

Type and Frequency of Observation

Observed twice daily; body weights and clinical findings recorded at study initiation and weekly thereafter

Necropsy

Necropsy was performed on all animals.

Histopathology

Complete histopathologic examinations performed on all high-exposure and control animals. In addition to tissue masses, gross lesions, and associated lymph nodes, tissues examined included: larynx, lung, nasal turbinates, trachea, and tracheobronchial lymph nodes.

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4-Week Inhalation Studies

K-5

RESULTS

Rats

All rats survived to the end of the study and there were no clinical findings related to talc exposure. The mean body weights and final mean body weights of exposed male and female rats were similar to those of the controls.

There were no significant increases in any organ-weight-to-body-weight ratios in male or female rats. The talc lung burdens increased with talc exposure level; however, the ratio of lung burden to exposure concentration was somewhat higher at the 6 and 18 mg/m³ exposure levels. The increase in talc lung burden to exposure concentration may be because the maximum ability of the respiratory tract to clear particles was exceeded at the 6 and 18 mg/m³ exposure levels.

There was a minimal increase in the number of intra-alveolar macrophages in the lung of male and female rats exposed to 18 mg/m³. The lesion was diffuse in nature and in no instance were clusters of greater than three alveolar macrophages observed. The individual macrophages were slightly larger than normal and had cytoplasm which contained fine eosinophilic granules.

Mice

One male mouse exposed to 2 mg/m³ and one male mouse exposed to 6 mg/m³ died before the end of the study. The survival of exposed male and female mice was similar to that of the controls. The mean weights and final mean body weights of exposed male and female mice were similar to those of the controls. There were no clinical findings associated with exposure to talc aerosols.

There were no significant changes in any organ-weight-to-body-weight ratios in exposed male or female mice. Talc lung burdens increased with talc exposure level. However, the ratio of lung burden to exposure concentration was constant at all exposure levels. In contrast to rats, the maximum ability of the respiratory tract to clear particles was apparently not exceeded at the 18 mg/m³ level.

The only lesions related to inhalation of talc aerosols were observed in the lung of male and female mice exposed to 18 mg/m³. However, the changes were minimal and consisted of a diffuse increase in the number of intra-alveolar macrophages. In most cases, pulmonary macrophages did not exceed two per alveolus, but occasional clusters of up to 10 alveolar macrophages were observed. The individual macrophages were two to three times normal size with foamy granular cytoplasm.

K-6

Talc, NTP TR 421

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283 of 283

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Exhibit 88

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NOV 15 '94 04:45 PM J&J CP1 TELETYPE

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P.01/02



CANCER PREVENTION COALITION

NOV 14 1994

LS 9725

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November 10, 1994

Ralph Larson
C.E.O.
Johnson & Johnson, Inc.
One Johnson & Johnson Plaza
New Brunswick, NJ 08933

Dear Mr. Larson,

A wide range of scientific studies dating back to the 1960s shows conclusively that the frequent use of talcum powder in the genital area poses a serious risk of ovarian cancer.

Dr. Bernard Harlow, a leading ovarian cancer researcher from Harvard Medical School, published a comprehensive study in 1992 of the link between talc and ovarian cancer. The study found a threefold increase of ovarian cancer in women who used talc in the genital area as a daily habit. Dr. Harlow warns:

"...given the poor prognosis for ovarian cancer, any potentially harmful exposures should be avoided, particularly those with limited benefits. For this reason, we discourage the use of talc in genital hygiene, particularly as a daily habit."

Furthermore, the U.S. National Toxicology Program has recently confirmed that talc is carcinogenic.

This year alone, 14,000 women will die from ovarian cancer, giving it the fourth highest women's cancer death rate. Ovarian cancer is very difficult to detect and has a low survival rate. Researchers can attribute only 3% of all ovarian cancer cases to family history of the disease.

Plaintiff's Exhibit
No.

P-18

Cancer prevention through reduction of carcinogens in air, water, food, consumer products, and the workplace.

NOV 15 '94 16:52

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PAGE.02

NOV 16 '94 12:05 FR J-J CORP PR

Women have the unarguable right to know of this information. The Cancer Prevention Coalition urges you to immediately withdraw your talc products from the market and substitute them with a safer alternative, such as cornstarch. At the very minimum, we urge Johnson & Johnson to label its talcum powder products with information about the ovarian cancer risk they pose.

Over the next several months, the Cancer Prevention Coalition will be implementing a consumer labeling initiative to inform shoppers of the presence of avoidable carcinogens in cosmetics and other consumer products and enable them to shop for alternatives. We would greatly welcome your joining us in this effort on behalf of your customers.

If you have any questions, you can reach the Cancer Prevention Coalition at the above address and phone number. Thank you for your cooperation.

Sincerely,



Samuel S. Epstein, M.D.
Chair

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PAGE.03

** TOTAL PAGE.02 **

Exhibit 89

JERSEY JOURNAL (CITY EDITION)
JERSEY CITY, N.J.
DAILY 65,000
WEDNESDAY
APR 17 1996

212
BUREAU

Women's health concerns prompt condom makers to stop using talc

By Marie McCullough
Knight-Ridder Newspapers
Candace Sue Kasper believes "safe sex" should be as safe for women as for men.

So early this year, the Dallas skin pathologist began urging some would-be baggies - condom makers and the federal Food and Drug Administration to stop the little-known practice of coating condoms with talc.

Talc, a powder made from the rocklike mineral magnesium silicate, is an excellent dry lubricant, but can scar soft tissues inside the body, where it does not dissolve. In women, body powders containing talc have been linked to infertility and ovarian cancer.

Kasper's campaign apparently worked.

"We've requested U.S. manufacturers to cease using (talc) and, in fact, all have agreed not to use it in manufacturing condoms," FDA spokesman Arthur Whitmore said in December.

Concern about talc as an ovarian carcinogen goes back 50 years in the medical literature. By the 1970s, evidence was mounting that talc particles might migrate into a woman's fallopian tubes where they could cause scarring and irritation of the ovaries. Scientists believed in some cases that the scarring led to infertility or cancer.

Carter-Wallace, which makes Trojans and claims 60 percent of the American condom market, said in a statement that "it has discontinued the use of talc in its condom manufacturing process."

"Why take the risk?"

Kasper, 46, feels vindicated, but not victorious. She said an FDA official told her the agency has not been proven to be harmful - because cornstarch is a cheap, safe alternative.

"We'll probably never know for sure" that condom talc is unsafe, he said. "But why take the risk? Cornstarch does just fine and doesn't pose risks. I think it's prudent for manufacturers" to switch.

Indeed it is, said Ansell Inc. of Elizabeth, N.J., which makes LifeStyle condoms and has about a quarter of the American condom market. Ansell switched from talc to cornstarch in January 1994.

"We knew surgical glove talc was a problem, so we figured there might be a problem with condoms," said Milt Hinsch, Ansell's vice president of technical affairs. "Whether it's rational or scientific, you just have to say 'Let's not argue about it. Let's just do it.'"

In 1990, the FDA asked manufacturers to voluntarily stop putting talc on surgical gloves amid mounting scientific evidence that it caused adhesions in surgical patients. At the same time, the agency evaluated talc on condoms, but concluded the amount was insignificant and did not pose problems, said FDA spokeswoman Sharon Snider.

Talc in breast tissue

Kasper's concern about condoms arose after she and a colleague, Dallas plastic surgeon Preston Chandler, discovered talc in the hardest tissue surrounding breast implants that had been removed from women.

In a 1994 journal article, the two physicians speculated that the talc might have contributed to the hardening and that it came from surgical gloves. They also speculated that talc might play a role in the autoimmune symptoms that are the subject of numerous breast implant lawsuits.

Curious to see whether other products were dusted with talc, Kasper and Chandler bought condoms, pacifiers and baby bottle nipples in 1994 at Dallas-area stores, then scrutinized them under a microscope. The nipples and pacifiers appeared clean, but all eight brands of American-made and foreign-made condoms had varying amounts of

talc, cornstarch and, in some cases, substances such as sand, silicone dioxide or chloresporin (an outmoded lubricant that also causes scarring in soft tissues).

Kasper and Chandler wrote to the condom manufacturers, several of which responded that they did not use talc in their production process. Carter-Wallace did not respond to them, Kasper said.

Only one manufacturer, Ansell, backed up its claim to be talc-free, Kasper said. She examined Ansell condoms made after January 1994 and found cornstarch, not talc.

She and Chandler also expressed their concern to the FDA, which thanked them for their information - but didn't say it would take any action.

"Largely, we've been ignored," said Kasper, who has a private pathology practice and is a staff physician at Baylor Medical Center. "Fortunately, my livelihood doesn't depend on this. I've done this on my own time and money."

Journal spurred action

What spurred the FDA to act was a letter to the editor from Kasper and Chandler, published in the March 15 Journal of the American Medical Association warning about talc on condoms. The FDA's office of device evaluation wrote to four American condom makers, enclosing a copy of the JAMA letter.

"Please let us know if you are using talc in your condom manufacturing process," said the FDA's letter - which did not specifically say to stop using it.

The FDA's Snider said the FDA inspects condoms for holes, but not contaminants, so talc compliance is voluntary.

What's to stop condom makers from returning to talc?

"Right at the moment, legally nothing," Snider said.

Several manufacturers' spokesmen asserted they did not use talc.

David Mayer, president of the company that distributes Japanese-made Sagami condoms, said the product was lubricated with silicone oil.

"But there is no scientific evidence that talc on condoms does any harm," he said.

Carter-Wallace spokesman Steven Curtis would not say what lubricant the company had substituted for talc.

Neither would Leanne Hand, spokeswoman for London International U.S. Holdings Inc., which distributes Japanese-made condoms including Ramones.

The company "did use talc until about 1989," she said.



Exhibit 90



MATERIAL DATA SAFETY SHEET TALC

Plaintiff's Exhibit
No.

P-215

Section 1. Product and Company Identification

Product Names

Grade 25 USP
Imperial 250 USP
1885L USP/BC
1892L USP/BP/EP/BC
Suprafino HP USP
Imperial 180 USP

Imperial 200 USP
Imperial 400 USP
Imperial 1889L USP/BP/EP/BC
Olympic H USP
Supra H USP

Imperial 400Y USP
Imperial 500 USP Imperial
Imperial 1890 USP/BCImperial
Olympic HY USP
Supreme H USP

Synonyms Talcum powder, Soapstone, Steatite

Chemical Name Talc ; Hydrous magnesium silicate CAS# 14807-96-6 Chemical Family Phyllosilicates

Manufacturer Luzenac America, Inc. Emergency Health
8051 E. Maplewood Avenue, Bldg 4 Information (24 hrs)
Greenwood Village, CO 80111 303-623-5716
Toll-free +1-800-325-0299 (General Information)

Section 2. Composition/Information on Ingredients

Substance	CAS#	% by Weight	TLV - TWA
Talc	14807-96-6	98-100	2 mg/m ³ respirable fraction (ACGIH)
Dolomite	16389-88-1	0-2	Use Talc TLV for total exposure measurements

Section 3. Health Hazards Identification and Emergency Overview

Emergency Overview Under normal conditions of use, this product is not expected to create any unusual emergency hazards. This product is **NOT** flammable, **NOT** reactive, **NOT** explosive, has **NO** flash point, and poses **NO** special hazards in the presence of fire.

Potential Health Effects from Acute and Chronic Occupational Exposures to Talc TARGET ORGANS



LUNGS, RESPIRATORY SYSTEM

Inhalation ACUTE: Exposure to a large concentration of air-borne dust of this material may cause mechanical irritation of the mucous membranes and respiratory tract.
CHRONIC: Repeated or prolonged inhalation of air-borne dust of this material may cause scarring of the lungs (pulmonary fibrosis), with shortness of breath, chronic cough, and respiratory assisted heart failure. Prolonged exposure to talc can produce symptomatic talc pneumoconiosis (talcosis).

Skin Contact ACUTE: Direct contact may cause dryness, or may cause mild irritation if an allergic predisposition exists.
CHRONIC: Prolonged contact may cause dryness of the skin, or may cause mild irritation if an allergic pre-disposition exists




Eye Contact ACUTE: Direct contact with dust may cause mechanical irritation of the eyes.
CHRONIC: Repeated exposure may cause conjunctivae inflammation.

Ingestion ACUTE: This material is considered to be harmless and inert when ingested.
CHRONIC: Repeated ingestion of large doses of talc for 13 and 10 successive days by rabbits and mice revealed negative teratogenic and carcinogenic results.



MATERIAL DATA SAFETY SHEET

TALC

Section 4. First Aid Measures	
Inhalation	Remove from exposure area to fresh air. If breathing has stopped, perform artificial respiration and get medical attention immediately. Keep person warm and at rest. Treat symptomatically and supportively.
Skin Contact	Apply common skin moisturizers to relieve dryness. Irritations are uncommon; however, if irritation or redness develops, seek medical attention. Broken skin can be cleansed with mild soap and water.
Eye Contact	Wash eyes with large amounts of water or normal saline solution. If irritation or redness develops, seek medical attention.
Section 5. Fire Fighting Measures	
Flammability	This product is NOT flammable, NOT reactive, NOT explosive, has NO flash point, and poses NO special hazards in the presence of fire. Firefighters require NO special protective equipment or precautions.
Section 6. Accidental Release Measures	
Small Spill	Use vacuum to clean up spillage. Place in sealed container.
Large Spill	For large spills, shovel or sweep up (while keeping dispersion of dust in air to a minimum) and place into suitable sealed containers for reclamation or later disposal. Residue should be cleaned up using a high-efficiency particulate filter vacuum. The use of water wash-down is not recommended. Wet material can cause a surface used for walking to become extremely slippery. Talc is not considered a hazardous waste by RCRA criteria (40 CFR 261).
Section 7. Handling and Storage	
Handling & Storage	Handle in ways to minimize the creation of dust. Preserve product in sealed containers.
Section 8. Exposure Controls & Personal Protection	
Personal Protection	Use NIOSH approved dust respirator. Use safety glasses or dust tight goggles. No special skin protection is usually required, but gloves should be worn by workers susceptible to skin irritation.
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Dust Respirator</p> </div> <div style="text-align: center;">  <p>Safety Glasses</p> </div> <div style="text-align: center;">  <p>Gloves</p> </div> </div>
Controls	Provide local exhaust or process enclosure ventilation to meet published exposure limits (TLV).
Section 9. Physical & Chemical Properties	
Appearance	White to grayish-white powder
Odor	Slight earthy odor.
Flammability	This product is NOT flammable, NOT reactive, NOT explosive, has NO flash point.
Specific Gravity	2.8 (water = 1.0)
Melting Point	None



MATERIAL DATA SAFETY SHEET

TALC

pH	Slightly basic (10% slurry in water)		
Solubility	Water: <1 mg/mL @ 21 C	Acetone : <1 mg/mL @ 21 C	Alkalies: Insoluble
	Ethanol: <1 mg/mL @ 21 C	Cold acids: Insoluble	

Section 10. Stability & Reactivity Data

Stability This product is stable, non-reactive, and non-corrosive.

Incompatibility with various substances Non reactive/none known.

Section 11. Toxicological Information

Toxicology NIOSH Registry Number: WW2710000
SAX Toxicity Evaluation: THR: Not available
Carcinogenic Status:
IARC: (2006 in preparation) Has concluded that perineal use of talc-based body powder is possibly carcinogenic to humans (Group 2B). This is not a route of exposure relevant for workers and applies to one specific use of talc only.
IARC: (2006 in preparation) Inhaled talc not containing asbestos or asbestiform fibres not classifiable as a human carcinogen (Group 3)
OSHA: Not listed.
ACGIH: A4 – Not Classifiable as a Human Carcinogen
NTP: Not listed. A 2-year inhalation study demonstrated clear evidence of carcinogenic activity in female rats at exposure levels of 18 mg/m³. Some evidence of carcinogenic activity was observed in male rats at the same level. No evidence of carcinogenic activity was found in mice (NTP TR-421).
Tumorigenic Data:
TCLo: ihl-rat 11 mg/m³/1Y-I
TDLo: imp-rat 200 mg/kg
Other Toxicity Data:
Skin and Eye Irritation Data: skn-hmn 300 ug/3D-I MLD
Teratogenicity (Reproductive Effects Data): Not available.
Mutation Data: Not available.

Section 12. Ecological Information

Ecological Data

Species	Alga ((<i>Selenastrum capricornutum</i>))	<i>Daphnia Magna</i>	<i>Daphnia Magna</i>
Test	Growth inhibition	Acute immobilization	Reproduction
Endpoint	Growth rate 48hr-EC50 48hr-NOEC AUG 72hr-EC50 72hr-NOEC	48hr-EC50	21 day-EC50 21 day-NOEC
Conc. (mg/L)			
FY			
References			

*AUG=Area Under Growth curve

Section 13. Disposal Considerations



MATERIAL DATA SAFETY SHEET TALC

Waste Disposal Information Talc is not considered a hazardous waste by RCRA criteria (40 CFR 261). Dry material can usually be land-filled. State and Local regulations/restrictions are complex and may differ from Federal regulations. Responsibility for proper waste disposal is with the owner of the waste.

Section 14. Transport Information

Transport Information U.S. Department of Transportation - DOT: No classification assigned
CANADIAN Transportation of Dangerous Goods: No classification assigned
LAND Transport - ADR/RID: No classification assigned
AIR Transport - IATA/ICAO: No classification assigned (International Air Transport Association/International Civil Aviation Organization)
MARITIME Transport - IMDG: No classifications assigned International Maritime Dangerous Goods)
HARMONIZED Tariff Code: Talc – crushed or powdered. 2526.20.00. (Stat. Suffix 00)
EPA TSCA 12(B) Export Notification: Not listed

Section 15. Regulatory Information

Chemical Inventories EPA TSCA Status: Listed (CAS # 14807-96-6) EINECS (European No: 238-877-9)
CEPA Domestic Substance List – DSL: Listed CEPA Non-domestic substance List – NDSL: Not listed
AICS (Australian – NICNAS) ECL (Korean No: KE-32773)
SWISS (Giftliste No: G-6939) PICCS (Philippines)
ENCS/MITI (Japan) – Talc exempt IECSC (China): Listed

Other Pertinent Classifications/Regulations

CALIFORNIA PROP 65 Status: Talc not listed
STATE RIGHT-TO-KNOW: Talc listed – Illinois; Massachusetts; New Jersey; Pennsylvania; Florida
CLEAN AIR ACT – Ozone Depleting Chemicals (ODC's): None
CONEG Approved Packaging: Yes
NFPA RATINGS: (Scale 0-4) Health = 1, Fire = 0, Reactivity = 0

NPCA: National Paint and Coatings Association – Hazardous Material Identification System (HMIS)

HEALTH: 1* (Chronic Potential)
FLAMMABILITY: 0
PHYSICAL: 0
PERSONAL PROTECTION: dust respirator, glasses or goggles, gloves

Section 16. Other Information

Label Hazard Warning CAUTION - PROLONGED EXCESSIVE INHALATION MAY CAUSE LUNG INJURY

Label Precautions UTILIZE DUST RESPIRATOR AND EXHAUST VENTILATION. REFER TO MSDS FOR COMPLETE DETAILS



TYPICAL APPEARANCE OF PRODUCT LABEL



MATERIAL DATA SAFETY SHEET TALC

**Primary
References
for Key Data**

ACGIH - Documentation of TLV's 2001
 OSHA - Chemical Sampling Information: Talc (Containing no asbestos) (Revised 1/15/1999)
 OSHA - TALC (Containing no asbestos). OSHA comments from the June 19, 1988 Final Rule on Air Contaminants Project extracted from 54FR2324 *et. seq.*
 OSHA - Compliance Interpretation Letter dated August 22, 2000 regarding talc products containing less than 1% quartz.
 OSHA - Guidelines for Employer Compliance (Advisory) 1910.1200 App E
 NIOSH - Pocket Guide to Chemical Hazards. Talc (containing no asbestos and less than 1% quartz).
 NIOSH - REL's and General Recommendations for Safety and Health. [TALC (containing no asbestos).
 AIHA - Hygienic Guides Series – Talc (1982)
 IARC - Talc Vol.: 42 (1987) (p.185) 5. Summary of Data Reported and Evaluation; Supplement 7: (1987) (p.349) Talc Not Containing Asbestiform Fibers (Group 3).
 CCOHS – Database MSDS FTSS. Network Version 2002.
 NTP – RoC/NIEHS Database. Network Version 2002.

Glossary

ACGIH – American Conference of Governmental Industrial Hygienists
 AIHA – American Industrial Hygiene Association
 CCOHS – Canadian Centre for Occupational Health and Safety
 IARC – International Agency for Research on Cancer
 NIOSH – National Institute of Occupational Safety and Health
 NTP – National Toxicological Program
 OSHA – Occupational Safety and Health Association
 PEL – Permissible Exposure Level
 TLV – Threshold Limit Value
 TWA – Time Weighted Average

**Important
Notice**

Luzenac America, Inc. provides the information contained herein in good faith but makes no representation as to its comprehensiveness or accuracy. This document is intended only as a guide to the appropriate precautionary handling of the material by a properly trained person using this product. Individuals receiving the information must exercise their independent judgment in determining its appropriateness for a particular purpose.

Issued by

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 Global talc Regulatory Affairs Manager
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Exhibit 91



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Food and Drug Administration
College Park, MD 20740

APR 1 - 2014

Samuel S. Epstein, M.D.
Cancer Prevention Coalition
University of Illinois at Chicago
School of Public Health, MC 922
2121 West Taylor Street, Rm. 322
Chicago, Illinois 60612

RE: Docket Numbers 94P-0420 and FDA-2008-P-0309-0001/CP

Dear Dr. Epstein:

This letter is in response to your two Citizen Petitions dated November 17, 1994 and May 13, 2008, requesting that the Food and Drug Administration (FDA or the Agency) require a cancer warning on cosmetic talc products. Your 1994 Petition requests that all cosmetic talc bear labels with a warning such as "Talcum powder causes cancer in laboratory animals. Frequent talc application in the female genital area increases the risk of ovarian cancer." Additionally, your 2008 Petition requests that cosmetic talcum powder products bear labels with a prominent warning such as: "Frequent talc application in the female genital area is responsible for major risks of ovarian cancer." Further, both of your Petitions specifically request, pursuant to 21 CFR 10.30(h)(2), a hearing for you to present scientific evidence in support of this petition.

We have carefully considered both of your Petitions. We are committed to the protection of the public health and share your interest in reducing the risk of ovarian cancer. Current regulations state that cosmetic products shall bear a warning statement whenever necessary or appropriate to prevent a health hazard that may be associated with a product. FDA may publish a proposal to establish a regulation prescribing a warning statement on behalf of a petitioner if the petition is supported by adequate scientific basis on reasonable grounds.

After careful review and consideration of the information submitted in your Petitions, the comments received in response to the Petitions, and review of additional scientific information, this letter is to advise you that FDA is denying your Petitions. FDA did not find that the data submitted presented conclusive evidence of a causal association between talc use in the perineal area and ovarian cancer.

For this reason and for the additional reasons described below, FDA is denying your Petitions.

Plaintiff's Exhibit
No.

P-47

exhibitstickers.com

Page 2 – Dr. Epstein

I. Discussion

The basis of your request, throughout both Petitions, can be summarized as comprising three major points:

1. Talc may be associated with asbestos.
2. Talc is a carcinogen based on the findings of a 1993 National Toxicology Program study.
3. Epidemiological studies confirm the causal relation between genital application of talc and ovarian cancer, and the protective effect of tubal ligation or hysterectomy, preventing the translocation of talc to the ovary.

As the points you raise in your Petitions concern the chemistry and toxicology of talc, the epidemiology associated with talc use, and the etiology of ovarian cancer, commensurate reviews were conducted to assess your request.

Chemistry Findings:

Asbestos is a known carcinogen and your first major point is that talc may be associated with asbestos. As evidence that talc cosmetic products contain asbestos, you first cite a 1968 survey of 22 talcum products that found fiber content averaging 19% in all 22 products. This author further concludes that “the fibrous material was predominantly talc but probably contained minor amounts of tremolite, anthophyllite, and chrysotile [asbestos-like fibers] as these are often present in fibrous talc mineral deposits ...”

You then cite a follow up study from 1971-1975 that examined 21 samples of consumer talcums and powder and concluded that cosmetic grade talc was not used exclusively in these products. This study found the presence of asbestiform anthophyllite and tremolite, chrysotile, and quartz. From these two citations, one may infer that currently available talc-containing cosmetic products are presently contaminated with asbestos, a known carcinogen. Unfortunately, you did not present any original data on the chemical composition of talc currently being used in cosmetics talc products or data linking these findings to currently used talc.

It has been reported in the scientific literature that most talc products in world trade are impure as a result of the geological processes involved in the formation of talc deposits. Further, talc containing asbestos fibers such as tremolite asbestos or chrysotile are sometimes encountered. However, large deposits of high purity, asbestos-free talc do exist and talc purification techniques have been developed which can be used to improve talc quality. Thus, while it has been reported in the past that cosmetic talc has been contaminated with asbestos, it has been also reported that asbestos-free talc deposits do exist. In addition, techniques do exist for the purification of talc in order to improve its quality. You have not provided evidence that asbestos contaminated talc-containing cosmetic products are currently being marketed, since the data submitted is almost 40 years old.

Page 3 – Dr. Epstein

Because safety questions about the possible presence of asbestos in talc are raised periodically, in 2009 FDA conducted an exploratory survey of currently marketed cosmetic-grade raw material talc and finished cosmetic products containing talc. This survey analyzed cosmetic-grade raw material talc from four suppliers out of a possible group of nine suppliers we had requested talc samples from, along with thirty-four talc-containing cosmetic products currently available in the Washington, D.C. metropolitan area for the presence of asbestos. In order to cover as broad a product range as possible, samples identified for testing included low, medium, and high priced products, along with some from “niche” markets. The cosmetic products identified as containing talc included eye shadow, blush, foundation, face powder, and body powder.

The survey found no asbestos fibers or structures in any of the samples of cosmetic-grade raw material talc or cosmetic products containing talc. While FDA found this data informative, the results were limited by the fact that only four suppliers submitted samples and by the number of products tested. They do not prove that all talc-containing cosmetic products currently marketed in the United States are free of asbestos contamination. As always, when potential public health concerns are raised, we will continue to monitor for new information and take appropriate actions to protect the public health. You may wish to see more on this survey on our website at <http://www.fda.gov/Cosmetics/ProductandIngredientSafety/SelectedCosmeticIngredients/ucm293184.htm>.

Toxicology Findings:

Your second major point is that talc is a carcinogen with or without the presence of asbestos-like fibers. The basis to this claim is that in 1993, the National Toxicology Program (NTP) published a study on the toxicity of non-asbestiform talc and found clear evidence of carcinogenic activity.

This NTP report concluded that cosmetic-grade talc caused tumors in animals, even though no asbestos-like fibers were found. The report made the following observations:

- There was some evidence of carcinogenic activity in non-asbestiform talc from inhalation studies in male rats based on an increased incidence of benign or malignant pheochromocytomas of the adrenal gland.
- There was clear evidence of carcinogenic activity of talc in female rats based on increased incidences of alveolar/bronchiolar adenomas and carcinomas of the lung and benign or malignant pheochromocytomas of the adrenal gland.
- There was no evidence of carcinogenic activity of talc in male or female mice exposed to 6 or 18 mg/cubic meter.

However, this study lacks convincing scientific support because of serious flaws in its design and conduct, including:

- The investigators used micronized talc instead of consumer-grade talc resulting in the experimental protocol not being reflective of human exposure conditions in terms of particle size.

Page 4 – Dr. Epstein

- Investigators conceded that they had problems with the aerosol generation system; whereby, the target aerosol concentrations were either excessive or not maintained during 26 of the 113-122 weeks of the study.
- The study did not include positive and negative dust controls which would have permitted an “exact assessment” of the talc’s carcinogenicity relative to the two control dusts.

In light of these shortcomings, a panel of experts at the 1994 ISRTP/FDA workshop declared that the 1993 NTP study has no relevance to human risk.

In addition, we reviewed relevant toxicity literature (consisting of 15 articles from 1980 to 2008), not cited in your Petitions, to determine if there was additional support at this point in time to for your suggested warning label. Scientific literature on studies of acute exposure effects, subchronic exposure effects, chronic exposure or carcinogenicity effects, developmental or reproductive toxicity, and genotoxicity effects were reviewed. As a result of the review of this relevant literature, FDA did not find enough additional support at this point in time for your suggested warning label.

Epidemiology and Etiology Findings:

Your third major point is that epidemiological studies confirm the causal relation between genital application of talc and ovarian cancer, and the protective effect of tubal ligation or hysterectomy, preventing the translocation of talc to the ovary.

After consideration of the scientific literature submitted in support of both Citizen Petitions, FDA found:

- 1 The exposure to talc is not well-characterized; it is not known if the talc referred to in the scientific studies was free of asbestos contamination; various consumer brands or lots of talc were not identified; and contamination of talc by asbestiform minerals or other structurally similar compounds was not ruled out.
- 2 Several of the studies acknowledge biases in the study design and no single study has considered all the factors that potentially contribute to ovarian cancer, including selection bias and/or uncontrolled confounding that result in spurious positive associations between talc use and ovarian cancer risk.
- 3 Results of case-controls studies do not demonstrate a consistent positive association across studies; some studies have found small positive associations between talc and ovarian cancer but the lower confidence limits are often close to 1.0 and dose-response evidence is lacking.
- 4 A cogent biological mechanism by which talc might lead to ovarian cancer is lacking; exposure to talc does not account for all cases of ovarian cancer; and

Page 5- Dr. Epstein

- 5 there was no scientific consensus on the proportion of ovarian cancer cases that may be caused by talc exposure.
- 6 The conclusion of the International Agency for Research on Cancer that epidemiological studies provide limited evidence for the carcinogenicity of perineal use of talc based body powder and the IARC classification of body-powder talc as group-2B, a possible carcinogen to human beings, is persuasive, but the results of the Nurses' Health Study, a large prospective cohort study, revealed no overall association with ever talc use and epithelial ovarian cancer.

Per the etiology review, approximately 10% of epithelial ovarian cancers are associated with inherited mutations. The remaining 90% of epithelial ovarian cancers are not related to these genetic mutations are non-hereditary. They have been historically classified based on histology as borderline/low malignant potential, serous, endometrioid, mucinous, and clear-cell.

Two theories have historically dominated on the cause of epithelial ovarian cancer and these are the "incessant ovulation hypothesis" and the "gonadotropin hypothesis." In addition to these endogenous factors, the role of exogenous factors via retrograde transport of noxious substances (e.g. carcinogens, particulates such as talc and asbestos, endometriosis and infectious agents) from the vagina and uterus into the Fallopian Tubes and peritoneal cavity have been studied extensively as a possible risk factor for ovarian cancer.

While there exists no direct proof of talc and ovarian carcinogenesis, the potential for particulates to migrate from the perineum and vagina to the peritoneal cavity is indisputable. It is, therefore, plausible that perineal talc (and other particulate) that reaches the endometrial cavity, Fallopian Tubes, ovaries and peritoneum may elicit a foreign body type reaction and inflammatory response that, in some exposed women, may progress to epithelial cancers. However, there has been no conclusive evidence to support causality.

The best evidence for an association or causal relationship between genital talc exposure and ovarian cancer comes from epidemiologic data which show a statistically significant but modest increased risk of epithelial ovarian cancer, especially with serous histology, among women with a history of genital dusting with talcum powder. While the growing body of evidence to support a possible association between genital talc exposure and serous ovarian cancer is difficult to dismiss, the evidence is insufficient for FDA to require as definitive a warning as you are seeking.

Request for hearing

In addition to your request for a warning label, you also requested a hearing, under 21 CFR 10.30(h)(2), so that you can present scientific evidence in support of your petitions.

Page 6 – Dr. Epstein

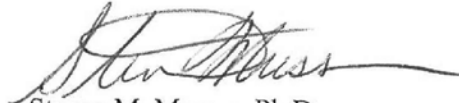
Under this regulation, FDA may deny a citizen petition request for a hearing if the data and information submitted (even if accurate), are insufficient to justify the determination urged. In consideration of your request, we conducted an expanded literature search dating from the filing of the petition in 2008 through January 2014. The results of this search failed to identify any new compelling literature data or new scientific evidence.

Since we find that the data and information are insufficient to justify the determination you request and we did not identify any new compelling literature data or new scientific evidence, FDA is also denying your hearing request.

II. Conclusion

FDA appreciates the goals of the Cancer Prevention Coalition and FDA supports the goal of reducing the rate of ovarian cancer. Although FDA is denying the Cancer Prevention Coalition's petitions for the reasons discussed above, the Agency shares your commitment to the public health.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven M. Musser", with a long horizontal flourish extending to the right.

Steven M. Musser, Ph.D.
Deputy Director for Scientific Operations
Center for Food Safety
and Applied Nutrition

Drafted: J. Gasper, OCAC, 2/28/14
Comments: L. Katz, OCAC, 3/3/14
Revised: J. Gasper, OCAC, 3/4/14
Cleared: N.Sadrieh, OCAC, 3/4/14
Cleared: LMKatz, OCAC, 3/5/14
Reviewed: FHogue, OCAC: 3/6/14
Cleared by: Musser: 3/13/14
F/T: SRussell, OCAC 3/18/14

Exhibit 92

6. Evaluation and Rationale

6.1 Cancer in humans

There is *inadequate evidence* in humans for the carcinogenicity of inhaled talc not containing asbestos or asbestiform fibres.

There is *limited evidence* in humans for the carcinogenicity of perineal use of talc-based body powder.

6.2 Cancer in experimental animals

There is *limited evidence* in experimental animals for the carcinogenicity of talc not containing asbestos or asbestiform fibres.

6.3 Overall evaluation

Perineal use of talc-based body powder is *possibly carcinogenic to humans* (Group 2B).

Inhaled talc not containing asbestos or asbestiform fibres is *not classifiable as to its carcinogenicity* (Group 3).

6.4 Rationale

In making this evaluation the Working Group considered the human and animal evidence as well as evidence regarding the potential mechanisms through which talc might cause cancer in humans.

The Working Group found little or inconsistent evidence of an increased risk for cancer in the studies of workers occupationally exposed to talc. The studies of talc miners and millers were considered to provide the best source of evidence, but no consistent pattern was seen. One study observed an excess risk for lung cancer among miners, but confounding from exposure to other carcinogens made it difficult to attribute this to talc and no excess risk was seen in millers. Other studies also found no increased cancer risk or no higher risk with increasing cumulative exposure. Overall, these results led the Working Group to conclude that there was *inadequate evidence* from epidemiological studies to assess whether inhaled talc not containing asbestos or asbestiform fibres causes cancer in humans.

For perineal use of talc-based body powder, many case-control studies of ovarian cancer found a modest, but unusually consistent, excess in risk, although the impact of bias and potential confounding could not be ruled out. In addition, the evidence regarding exposure-response was inconsistent and the one cohort study did not provide support for an association between talc use and ovarian cancer. Concern was also expressed that



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exposure was defined in a variety of ways and that some substances called talc may have contained quartz and other potentially carcinogenic materials. A small number of Working Group members considered the evidence to be inadequate. Despite these reservations, the Working Group concluded that the epidemiological studies taken together provide *limited evidence* of an association between perinatal use of talc-based body powder and an increased risk for ovarian cancer.

In one study of rats that inhaled talc, an excess incidence of malignant lung tumours was seen in females. The same study observed an excess incidence of pheochromocytomas in the adrenal medulla in both sexes, but the Working Group was divided as to whether these rare tumours could be attributed to exposure to talc. Other studies in rats and mice using different routes of administration did not find an excess of cancer, and two studies in rats were considered to be inadequate for evaluation. Based on the one positive study, the Working Group found that there was *limited evidence* of carcinogenicity of inhaled talc in experimental animals. There was no agreement within the Working Group as to whether the evidence on pheochromocytomas should be taken into account in the evaluation of animal data.

JNJ 000381976